SCOUT Report

News and Views on Surgical Guidance and Breast Tumor Localization

SAVI SCOUT®

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Quyen D. Chu, M.D., M.B.A., F.A.C.S. is a professor of surgery, vice-chair of academic affairs, chief of surgical oncology, and the Charles Knight, Sr. Endowed Professor of Surgery at Louisiana State University Health Sciences Center-Shreveport (LSUHSC-S), Shreveport, Louisiana. He was appointed by President Barack Obama in 2013 to be on the Vietnam Education Foundation (VEF) Board. Dr. Chu has published over 170 peer-reviewed papers/abstracts, 19 book chapters, spearheaded the effort to translate the WHO textbook, "Surgical Care at the District Hospital" into Vietnamese and co-edited a textbook title, "Surgical Oncology: A Practical and Comprehensive Approach" published by Springer in 2014. He is currently editing a textbook, Hepato-Pancreato-Biliary and Transplant Surgery: Practical Management of Dilemmas. Dr. Chu has won several awards including the ASCO Leadership Development Program, ACS Japan Traveling Award, the AHPBA Traveling Award, Ellis-Island Medals of Honor, the ACS Scholarship to the Brandeis Leadership Program in Health Policy and Management, and the ASCO Humanitarian Award.

SCOUT® Significantly Reduces Re-Excision Rates

New data demonstrating significantly lower re-excision rates with the SCOUT radar localization system compared to wire localization (WL) was presented recently at the 12th Annual Academic Surgical Conference by Quyen Chu. MD, from Louisiana State University (LSU) Health Sciences Center-Shreveport, LA. LSU was an early adopter of SCOUT utilizing the technology since November 2015.

The study evaluated 26 SCOUT cases, 17 of which were malignant, and an IRB-approved retrospective chart review of 116 WL patients for comparison.[1] The average re-excision rate for SCOUT was 11.8% compared with 37% for WL, translating to 68% reduction in re-excision rates with SCOUT. The average specimen weight was 55g for the SCOUT cohort versus 63g for WL cohort, with an average margin width of 3.0mm for SCOUT versus 2.7mm for WL.

As part of this study, investigators also assessed surgical trainees' ability to perform the SCOUT radar localization procedure. Residents were successfully able to localize the lesion in 25/26 cases (96%), demonstrating ease of use with the device.

"The first key benefit is the reduction in re-excision rates and now we have the data to demonstrate it."

Dr. Chu shares his perspectives on the radar localization system.

What prompted you to adopt SCOUT?

I learned about SCOUT from our SAVI Brachy account manager and it just clicked with me right away. We were using wire localization,

a very old procedure, and it was time for a change. We were not interested in radioactive seed localization due to the stringent regulatory requirements. This was exactly what we needed.

What do you believe are the key clinical benefits of SCOUT?

The first key benefit is the reduction in re-excision rates and now we have the data to demonstrate it. Secondly, I can perform a better oncoplastic procedure. With a WL you are limited to following the path of the wire, with SCOUT I can use the guide to find the reflector signal and then plan my incision accordingly. I have so much more control. This leads to a much better cosmetic outcome for my patients.

Does SCOUT make learning the surgery easier for residents vs. learning with wires?

Absolutely. With SCOUT you plan the incision and go straight down following the signal until you reach the target tissue. With a WL you need to imagine the path of the needle and for some it is difficult to get a 3 dimensional image in their mind. SCOUT makes the surgery easier and the residents have had great success as demonstrated in the data.

How have your radiologists responded to the use of this technology?

The radiologists love it! They are placing the reflectors and not only has it improved their daily workflow, they are finding that a reflector placement is also an easier procedure to teach residents than a WL. They are excited that they are in the forefront with this technology and their residents have responded with great enthusiasm.

How has SCOUT impacted your OR workflow?

There has been a tremendous improvement to the OR workflow. Since we longer have to schedule breast surgery around a WL not only do we have the flexibility to add more cases to the day, we are not constrained by what type of surgery gets scheduled. In addition if something happens to the OR schedule and a woman has had the WL and her surgery has to be delayed she has the wire sticking out of the breast. Placing the reflector prior to surgery completely eliminates this potentially stressful situation for our patients.

How do you see this technology benefiting patients?

Patients like the convenience of having the reflector placed on a different day from their surgery, but most importantly it reduces the chance they will need a second surgery. We can be more efficient and more confident that we have clean margins the first time. They also are very pleased with the cosmetic result due to the fact that I can hide the scar when I use SCOUT.

Are all the surgeons doing breast procedures at LSU using SCOUT?

At our program SCOUT has become the standard for care for breast tumor localization. We are no longer using WL. This really is the technology of the future.

1. 44.03 Pilot Study of SAVI SCOUT® to Localize Non-Palpable Breast Lesions to Reduce Re-excision, Academic Surgical Congress 2017

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