Women deserve the best when it comes to breast cancer care. The SCOUT™ radar localization system was developed to make breast cancer surgery easier for women and more efficient for the healthcare system. SCOUT uses radar technology for a wire-free, zero-radiation solution designed to aid surgeons in locating target tissue during a lumpectomy or excisional biopsy.

**Radar Localization – Unparalleled Precision & Efficiency**

- Intelligent system will only detect a unique radar signal.
- Highly directional guidance, and resolution within 1 mm.
- Ultrasound visible and minimal MRI artifact.
- No signal interference from other devices.

The SCOUT reflector is placed into the tumor site up to 30 days before surgery. During the procedure, the surgeon scans the breast using the SCOUT guide, which emits infrared light and a radar signal to detect the location of the reflector. Real-time audible and visual indicators assist the surgeon in accurately locating the reflector along with the target tissue. This higher level of localization precision allows the surgeon to plan a surgical approach that may result in a better cosmetic outcome.

**A Better Option for Breast Surgery**

Prior to SCOUT, the traditional technique for localizing breast tumors was wire localization (WL). Since the WL procedure must be done on the morning of surgery it increases the likelihood of long delays for patients and scheduling challenges for surgeons, radiologists and hospital staff. In addition, the time between wire placement and surgery can be several hours, elevating the risk of wire dislodgement and patient discomfort.

Benefits of the SCOUT System include:

- The ability to precisely locate a tumor enables surgeons to increase the probability of complete cancer removal and reduce the likelihood of needing follow-up surgeries—a huge advantage for breast cancer patients.
- The SCOUT reflector can be placed into the target tissue up to 30 days before surgery, effectively decoupling the radiology and surgical schedules. This has the potential to reduce surgical delays and optimize surgical planning.
- SCOUT increases the probability for a better patient experience on the day of surgery by eliminating the risk of wire dislodgement and the time lag between wire placement and surgery. In addition, lumpectomies can be scheduled early in the morning, reducing long wait times for patients who are unable to eat or drink prior to surgery.
- The ability of the surgeon to plan the incision may result in less tissue being removed during surgery, increasing the potential for better cosmetic outcomes.

**Clinical Evidence**

A large, prospective multi-institution trial of SCOUT was conducted in 2015. A total of 154 patients participated in the study, along with 16 surgeons and 20 radiologists across 11 institutions. This study yielded 100 percent surgical success of targeted lesion and SCOUT reflector retrieval. The overall re-excision rate was significantly less than reported WL rates.

The study also demonstrated high clinical and patient satisfaction with SCOUT. Overall, physicians reported favorably on patient comfort, patient anxiety, and overall patient experience and a majority (85%) reported workflow improvement with SCOUT compared to wire localization. On a scale of 1–5, where 3 was equal to wire localization, surgeons favorably rated ability to start cases earlier at 4.9, 4.4 for patient wait times and 4.4 for reduction in OR scheduling delays. Radiologists and surgeons also reported 4.1 for a better overall patient experience. Post-procedure survey data indicated that 97% of patients would recommend SCOUT to others.

“This study demonstrates that real-time surgical guidance with SCOUT is an appropriate and accurate modality for directing the removal of non-palpable breast lesions and is reproducible in multiple clinical settings.”

Charles E. Cox, MD
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McCann Foundation Endowed Professor of Breast Surgery
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