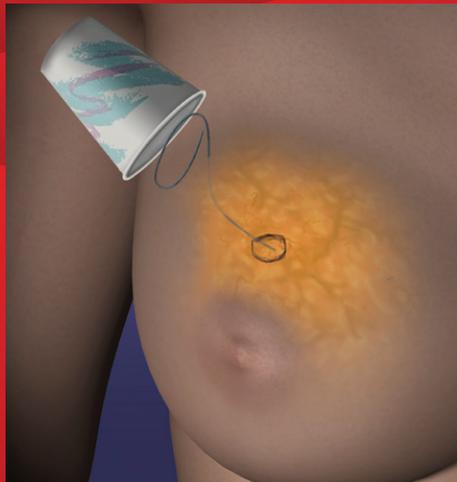


A Better Option for Breast Surgery

The traditional process for marking non-palpable lesions (those that cannot be felt) for surgical removal is known as wire localization. During wire localization, a hooked wire is inserted into the breast to mark the location of the lesion. Because the end of the wire sticks out from the breast, it is typically placed on the morning of surgery and patients must restrict their movement so that the wire is not accidentally displaced. At the time of surgery (which can be several hours after wire placement), the surgeon follows the wire to find and remove the lesion.

WIRE LOCALIZATION

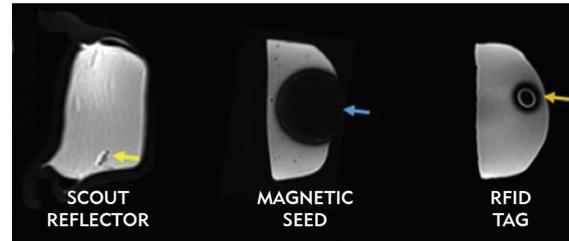


In wire localization, a hooked wire is inserted into the lesion and remains protruding from the breast. The wire is covered to prevent displacement.



Uniquely suited for use prior to neoadjuvant treatment;
No interference with MRI studies*

PUBLISHED MRI ARTIFACT COMPARISON⁴



*Does not have a clinically significant MRI artifact⁴

REFERENCES

1. Merit Medical R&D data on file. | 2. <https://www.mddionline.com/superelastic-nitinol-medical-devices> | 3. Cox C et al. A Prospective Single Arm, Multi-Site Clinical Evaluation of a Nonradioactive Surgical Guidance Technology for the Localization of Non-Palpable Breast Lesions during Excision. *Ann Surg Oncol* 2016 Oct; 23(10):3168-74.
4. Hayes MK. Signal void artifacts in non-contrast T1 non-fat-saturated MR sequences. Update on Preoperative Breast Localization. *Radial Clin N Am* (2017); 591-603.

Before using, refer to Instructions for Use for indications, contraindications, warnings, precautions, and directions for use.



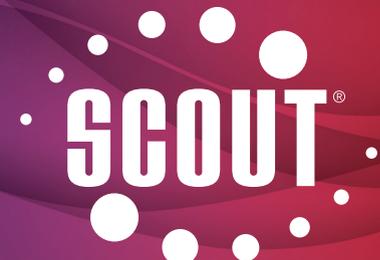
merit.com
ciannamedical.com

Merit Medical Systems, Inc.
1600 West Merit Parkway
South Jordan, Utah 84095
Main: +1.801.253.1600
Customer Service: +1.801.208.4300

Merit Medical Europe, Middle East, & Africa (EMEA)
Amerikalaan 42, 6199 AE
Maastricht-Airport
The Netherlands
+31 43 358 82 22

Merit Medical Ireland Ltd.
Parkmore Business Park West
Galway, Ireland
+353 (0) 91 703 733

WIRE-FREE RADAR LOCALIZATION FOR BIOPSY | LESIONS | LYMPH NODES



SCOUT® Wire-Free Radar Localization was developed to make breast surgery easier for women while helping surgeons optimize their breast conservation strategies.



Antennas are made of superelastic nitinol alloy, commonly used in medical devices.²

4mm body size is smaller than a grain of rice.

Powerful RADAR Technology—Non-radioactive, Non-Magnetic

Consistent and Predictable Clinical Performance Enabling Efficient and Compassionate Care

- Real-time distance measurement with 60mm¹ detection range
- 360° detection with ±1mm accuracy¹

Innovative RADAR Reflector

Uniquely Suited for use in Lesions or Lymph Nodes, from Biopsy to Surgery

- Does not interfere with MRI studies; no restriction on the imaging modalities that can be used effectively throughout treatment
- No restrictions on the length of time the reflector can remain implanted
- Completely passive until activated by the SCOUT Guide

Precise Delivery System

- Ultrasound, radiographic and stereotactic guidance options provide flexibility
- Multiple delivery lengths accommodate imaging modalities and physician preferences

How Does SCOUT Work?

SCOUT works by placing a “reflector” (a tiny device about the size of a grain of rice) into the lesion. The system then uses safe, non-radioactive radar waves to detect the reflector’s location within the breast. The reflector is completely passive until activated in the operating room when the surgeon uses the SCOUT system to locate and remove both the lesion and the reflector.

How and When is the Reflector Placed?

To make the day of surgery less complicated, the reflector can be placed on a separate day in advance of the scheduled surgery date.

During the placement the physician will:

Confirm the location of the lesion using imaging (mammography or ultrasound)

Use a local anesthetic to numb the targeted area

Introduce the reflector through a small needle under image guidance

Confirm the placement of the reflector



RADAR Technology Achieves Predictable and Consistent Outcomes, Enabling a New Standard of Care

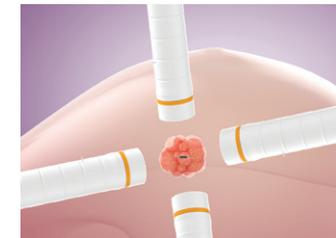
1. Informed Surgical Planning



Precisely Identifies Lesion Location and Depth

- Permits cosmetically-preferred incision
- Actual distance measurement allows real-time planning of anterior margin

2. Real-Time Margin Definition During Surgery



Helps Optimize Surgical Goals

- Instant response guides dissection path, eliminating guesswork
- Predictable specimen with real-time margin definition

3. Accurate Specimen Verification



Optimizes Breast Conservation Strategy

- Confirms planned surgical margins relative to reflector location
- Accurate depth measurement

A Better Patient Experience

97%
OF PATIENTS
WOULD
RECOMMEND
SCOUT³

- Shorter day of surgery with decreased patient wait time
- Less anxiety on day of surgery
- Less patient discomfort vs. wires³
- Potential to eliminate an entire procedure when placed at time of biopsy