

# Understanding *your* **SCOUT**<sup>®</sup> Procedure



*Compassion* + Technology

## SCOUT<sup>®</sup>

wire-free radar localization was developed to make breast surgery easier for women while helping surgeons optimize their breast conservation strategies.

This FDA-cleared system uses radar technology to help your surgeon locate and remove breast tumors.



## Safe, Precise Tumor Localization

Many women diagnosed with early-stage breast cancers today choose to have breast conserving treatment (BCT) rather than mastectomy.<sup>3</sup> BCT focuses on removing only the tumor, allowing you to keep your healthy breast tissue, and research has shown that the long-term survival rates are the same.<sup>1</sup>

The SCOUT<sup>®</sup> wire-free radar localization system helps increase surgeons' ability to precisely locate tumors during surgery, which increases the probability of complete cancer removal and may reduce the chances of needing a second surgery. When tumors are accurately located and removed the first time, any additional treatments can occur faster.

SCOUT is not limited to use in cancerous tumors, but also effectively guides removal of non-cancerous breast abnormalities.

*97% of patients would recommend  
SCOUT to other women<sup>2</sup>*

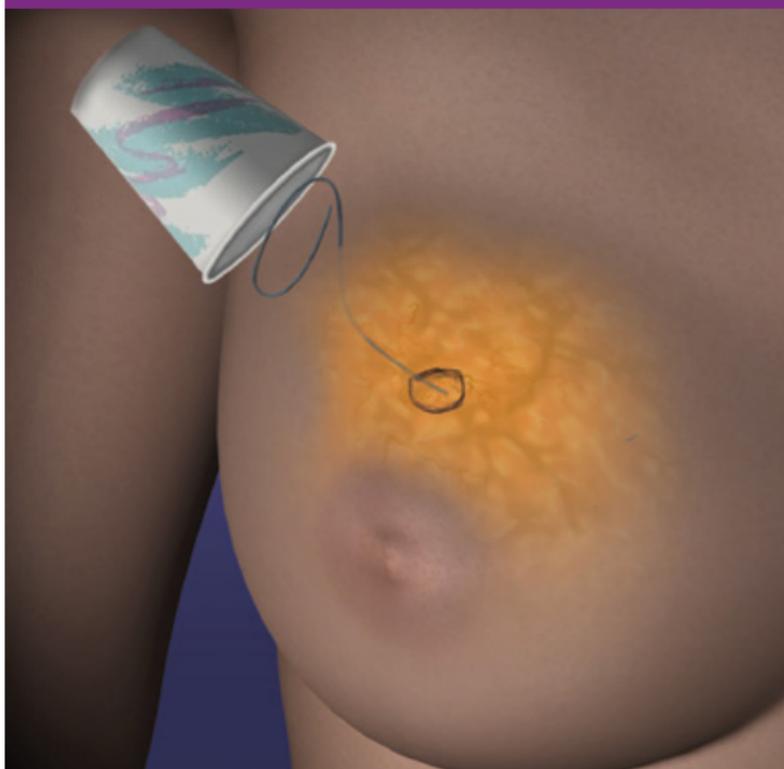


## A Better Option for Breast Surgery

The traditional process for marking non-palpable tumors (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 tumor. 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 tumor.

*SCOUT® wire-free radar localization was developed to overcome the challenges of wire localization and offer a more comfortable and convenient option for breast tumor localization.*

### WIRE LOCALIZATION



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

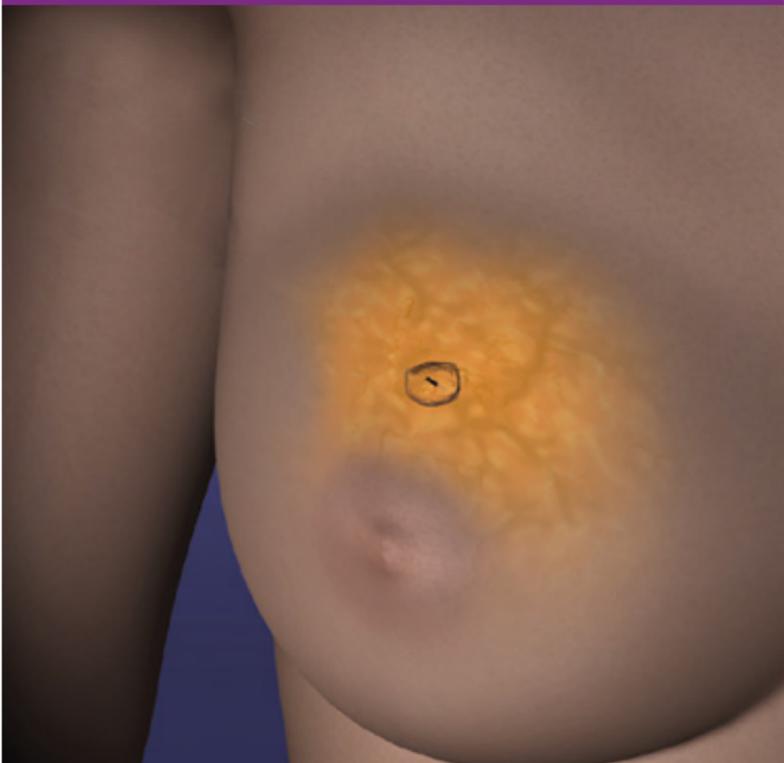
## How Does SCOUT Work?

SCOUT works by placing a “reflector” (a tiny device about the size of a grain of rice) into the tumor. 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 your surgeon uses the SCOUT system to locate and remove both the tumor and the reflector.



*“I like the fact that I could have the placement and surgery on separate days and not be in the hospital an entire day”<sup>2</sup>*

### WIRE-FREE RADAR LOCALIZATION



In SCOUT wire-free localization, you are not required to have two procedures on the same day. The reflector can be conveniently placed prior to your surgery date, and remains completely passive until it is used to guide surgery.

## How and when is the reflector placed?

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

During the placement your physician will:

- Confirm the location of the tumor using imaging (mammography or ultrasound)
- Use a local anesthetic to numb the targeted area of your breast
- Introduce the reflector through a small needle under image guidance
- Confirm the placement of the reflector

You will not feel the reflector after it has been placed and you can resume normal activity.

*“I really didn’t want the hassle of a wire localization; this is a very comfortable and fast procedure.”<sup>2</sup>*

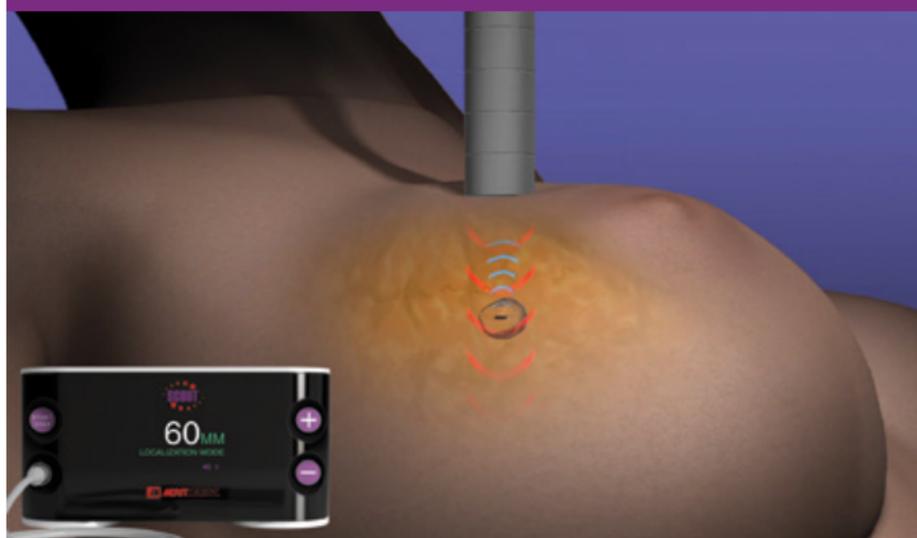
## What happens during surgery?

The SCOUT system is used to detect the location of the reflector within the breast, allowing your surgeon to plan the best path to the tumor. SCOUT then provides real-time guidance during surgery. Finally, the system confirms that the reflector has been removed along with the targeted tissue.

## What are the benefits of SCOUT radar localization over wire localization?

- The ability to place the reflector on a separate day can simplify your day of surgery, increasing convenience and lessening anxiety<sup>4</sup>
- SCOUT reflector is not externally visible after placement and will not restrict your daily activities
- May minimize your wait time on the day of surgery
- SCOUT provides guidance for precise tumor localization, which helps increase the likelihood of complete cancer removal and helps reduce the chances that you will need a second surgery
- Your surgeon is able to plan the incision during surgery, which may allow for less tissue removal which can help result in better cosmetic results

### SURGICAL PLANNING & GUIDANCE



The SCOUT system uses a unique radar signal to precisely guide the surgeon to the tumor with  $\pm 1\text{mm}$  of accuracy.

# SCOUT Radar Localization is a zero-radiation, wire-free solution for marking tumors, lymph nodes and biopsy sites.

## Additional Resources

American Cancer Society  
1-800-ACS-2345 (24 hours)  
[cancer.org](http://cancer.org)

National Breast Cancer Foundation  
[nationalbreastcancer.org](http://nationalbreastcancer.org)

American Society of Clinical Oncology  
571-483-1300  
[asco.org](http://asco.org)

American Society of Breast Surgeons  
410-992-5470  
[breastsurgeons.org](http://breastsurgeons.org)

National Comprehensive Cancer Network  
[nccn.org](http://nccn.org)

National Cancer Institute  
[cancer.gov](http://cancer.gov)

Society of Breast Imaging  
[sbi-online.org](http://sbi-online.org)



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1. Morrow M, et al. Surgical Margins in Lumpectomy for Breast Cancer - Bigger is Not Better. N Engl J Med. 2012.
2. Data on file, Cianna Medical, Inc.
3. National Breast Cancer Foundation, 2019. <https://www.nationalbreastcancer.org/breast-cancer-clinical-trials>
4. 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 SurgOncol 2016 Oct;23(10):3168-74.