Is SAVI SCOUT® localization as accurate as needle-localization in obtaining negative margins at time of breast conservation?: A single-institutional experience

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Introduction:
• Wire or needle localization has long been the preferred method of localization for breast conserving surgery.
• SAVI SCOUT has been developed to be a safe and effective alternative to wire or needle localization.
• This study’s objective is to compare the initial SAVI SCOUT margin positivity data at a single institution to the standard localization data.

Methods:
• A retrospective chart-review was performed on the initial 127 female patients undergoing SAVI SCOUT intraoperative localization from July 2016 to March 2017.
• 308 consecutive needle localization cases completed between January and December 2015 were also reviewed.
• All cases had biopsy proven cancer.

Results:
• A total of 308 needle localization cases were reviewed these cases yielded a 16.9% positivity rate (Figure 1).
• 127 SAVI SCOUT cases were reviewed with a 10.2% positivity rate (Figure 1).
• A pre-operative MRI was completed on 25% of the needle localization cases and 30% of the SAVI SCOUT cases (Figure 2).
• Of those with a pre-operative MRI 7.9% of the SAVI SCOUT cases had a positive margin and 19.5% of the needle localization cases had a positive margin (Figure 2).
• 27.9% of the needle localization cases had separate margins removed at the time of initial resection, while 38.6% of the SAVI SCOUT had separate margins removed during initial resection.

Conclusions:
• SAVI SCOUT optimizes the surgeon’s ability to achieve negative resection margins, based on the decrease in the positive margin rate for the initial SAVI SCOUT procedures performed (Figure 3).
• A further study should be completed to look at specimen size.
• The presumed increase patient satisfaction and scheduling optimization are also potential study opportunities.