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Title	P364: Comparison of Magseed and Savi Scout Localisation Systems for Wide Local Excision: A Retrospective Cohort Study Across Two Hospitals
Type	Article
URL	https://clock.uclan.ac.uk/54995/
DOI	https://doi.org/10.1016/j.breast.2025.104186
Date	2025
Citation	Sahoo, Aman Saswat, Singh, Bhuvi, Salman, Monther, Hachem, Rim, Elayyan, R. and Kumar, I (2025) P364: Comparison of Magseed and Savi Scout Localisation Systems for Wide Local Excision: A Retrospective Cohort Study Across Two Hospitals. <i>The Breast</i> , 80. p. 104186. ISSN 0960-9776
Creators	Sahoo, Aman Saswat, Singh, Bhuvi, Salman, Monther, Hachem, Rim, Elayyan, R. and Kumar, I

It is advisable to refer to the publisher's version if you intend to cite from the work.
<https://doi.org/10.1016/j.breast.2025.104186>

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highly efficient trial design, to produce practice changing results & improve patient outcomes in a more time and cost effective manner than traditional trials.

The Breast 80S (2025) 104185
<https://doi.org/10.1016/j.breast.2025.104185>

P364

Comparison of Magseed and Savi Scout Localisation Systems for Wide Local Excision: A Retrospective Cohort Study Across Two Hospitals

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Goals: This study aims to compare the surgical outcomes of Magseed and Savi Scout localisation systems for wide local excision of non-palpable breast lesions in two hospitals. The primary objective is to evaluate and compare the positive margin rates, re-excision rates, and specimen volumes between the two systems.

Methods: This retrospective cohort study compared Magseed (Hospital A) and Savi Scout (Hospital B) localisation systems for wide local excision of 100 non-palpable breast lesions at each hospital. Data were manually extracted from electronic medical records, including demographics (age, sex, lesions per patient), tumour characteristics (radiological and pathological size, histology), surgical details (localisation success, specimen volume), and outcomes (positive margins, number of positive margins, re-excision rates). Positive margins were defined as tumour cells at the inked margin or within 2 mm for ductal carcinoma in situ (DCIS) and 1 mm for invasive ductal carcinoma (IDC) and other cancer types.

Results: A total of 100 lesions each were analyzed for Magseed and Savi Scout. The average patient age was higher in the Magseed group (63.0 years, SD = 11.0) compared to the Savi Scout group (58.2 years, SD = 10.5). Both groups were entirely female, with nearly all patients having a single lesion. The positive margin rate was 13% for both systems, but Magseed had a higher total number of positive margins (23) compared to Savi Scout (15). Localization success was 100% for both systems. The re-excision rate was higher for Savi Scout (13.0%) than Magseed (10.0%), reflecting differences in hospital policies. Positive margins were more prevalent in cases with DCIS in both groups.

Savi Scout specimens were significantly larger after adjusting for tumour size, with a specimen-to-tumour size ratio of 5617.06 mm³/mm for Savi Scout and 3935.78 mm³/mm for Magseed ($p < 0.01$). Larger specimen volumes were inversely correlated with positive margins, with 69% of positive margins occurring when the specimen-to-tumour size ratio was ≤ 1.60 for Magseed and ≤ 3.50 for Savi Scout.

Table 1.
Demographics.

Category	Magseed	Savi Scout
Total Cases	99	98
Average Age (years)	63.0 (SD = 11.0)	58.2 (SD = 10.5)
% Female	100%	100%
Patients with 1 Lesion	98	96
Patients with 2 Lesions	1	2
Total Lesions	100	100

Table 2.
Surgical Outcomes.

Category	Magseed	Savi Scout
Localization Rate (%)	100%	100%
Positive Margin Rate (%)	13%	13%
Re-excision Rate (%)	10%	13%
Average Tumor Size (mm)	18.0	23.5
Average Specimen Volume (mm ³)	70844	132001
Specimen-to-Tumor Size Ratio (mm ³ /mm)	3935.78	5617.06

Table 3.
Surgical Outcomes According to Cancer Types.

Category	Incidence (Magseed)	Incidence (Savi Scout)	Magseed Positive Margin Rate (%)	Savi Scout Positive Margin Rate (%)	Magseed Average Tumour Size (mm)	Savi Scout Average Tumour Size (mm)	Magseed Average Specimen Volume (mm ³)	Savi Scout Average Specimen Volume (mm ³)
IDC+DCIS	49	56	14.3	17.9	15.7	22.4	67574	137616
DCIS	14	20	21.4	10.0	15.3	27.3	72600	128087
IDC	25	18	0.0	5.6	14.5	22.8	81331	130479
Others	12	6	0.0	0.0	20.4	26.8	60303	97217

Conclusions: Savi Scout and Magseed achieve similar positive margin rates, but Savi Scout yields larger specimen volumes, partly due to its larger device size. Differences in re-excision rates reflect institutional protocols and practices.

The Breast 80S (2025) 104186
<https://doi.org/10.1016/j.breast.2025.104186>

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Evaluating the Use and Feasibility of Indocyanine Green (ICG) in Sentinel Node Biopsy for breast cancer: Insights from an oncological practice from India

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Goals: Accurate axillary lymph node staging is crucial for breast cancer management. Sentinel lymph node biopsy (SLNB) is the standard procedure for axillary staging in patients with clinically or radiologically node-negative axilla. Although the gold standard involves dual-dye mapping with technetium-99 m (Tc-99) labeled nanocolloid and methylene blue dye (MBD), alternative tracer dyes such as ICG have gained attention due to their accessibility, affordability, and ease of use and are rapidly gaining recognition globally; however, data from low-resource settings remain limited. ICG offers superior or comparable detection rates to radioisotopes and blue dye without the need for nuclear medicine facilities or radioactive risks. This study presents India's largest cohort using ICG for SLNB, comparing its efficacy to radioisotopes and blue dye in breast cancer patients.

Methods: A prospective analysis of retrospective data from 844 breast cancer patients (2013–2023), 748 of who underwent SLNB, highlights the evolution of axillary management techniques. Dual tracers were predominantly used initially, followed by the introduction of ICG in 2018, and its adoption as a single tracer from 2021. This