

‘Revolutionary’: Qld hospital launches breast cancer saviour



Breast and Endocrine Surgeon, Dr Susan Bell with SCOUT.

JONATHAN O'NEILL

Ipswich Hospital has become the first public hospital in Queensland to trial a new technology for breast cancer which is being heralded as ‘revolutionary’.

The new technology assists surgeons in locating breast cancers during surgery, resulting in fewer chances of missing cancerous tissue.

Tarampa resident and breast cancer patient Cathy Grant said the new trial meant she did not have to endure the standard hookwire procedure that breast cancer patients must endure on the day of surgery.

“It removed a lot of stress on me because I know that they go for operations after the first surgery, because they’re not getting enough margins,” Ms Grant said.

“The SCOUT technology was a lot less invasive, and it meant I didn’t have a wire hanging out of me that could have moved before I had my operations”.

The SCOUT Wire-Free Radar Localisation System was first trialled at Ipswich Hospital on December 4 as part of a 10-patient trial.

The technology provided an alternative to traditional hookwire use for non-palpable breast cancers, which the hospital’s breast and endocrine surgeon Dr Susan Bell said had the potential to improve patient outcomes and fast-track surgeries.

“Using SCOUT, we are able to precisely target the cancer within 1mm, which means our surgeries are more successful,” Dr Bell said.

“It’s also a lot more comfortable for the patient because we can see a patient in clinic and book them in for surgery in 10 day’s time, and they can have SCOUT put in.

“The patient knows it’s all done and ready for them, so on the day, they just come to the hospital and have the operation done.”

With the current hookwire method, patients are required to have the wire inserted shortly before surgery, and it requires the presence of both a radiologist and a surgeon on the day.

“The current method takes long and it increases the patient’s discomfort,” Dr Bell said.

“SCOUT is a lot faster and is more efficient for us, as the patient does not have to go to radiology on the day of the surgery.

“There’s a limited schedule for when hookwire surgeries can be done.

“Normally, if the list of surgeries for hookwire is full, or the radiologist is away, the patient would have to wait a whole month for the operation or longer until the next sport opens up.

“There’s also the risk that the hookwire can move once it has been implanted in the patient, meaning that we may not be able to get all of the

affected tissue”.

For dog trainer and SCOUT trial patient Ms Grant, the trial made the difficult time much less stressful.

“I’ve had to put my career on hold while I have treatment, but I’ll be back as soon as I’m cancer free. Dog training is the love of my life,” Ms Grant said.

“I have chemotherapy for the next three months, followed by three to five weeks of radiation therapy and finally 12 months of targeted drug therapy every three weeks.

“The biggest thing for me was peace of mind. A lot of women need that peace of mind, because any cancer is stressful.

“Your body is already fighting a lot of trauma, and having to go in for a second operation is not an ideal situation”.

To help stay strong and fight her way through the remaining cancer treatment, Grant will be participating in a 57km dog walk challenge to raise money for breast cancer trails over the month of February.

“I’m looking forward to walking with my five dogs. They all love going for walks,” Ms Grant said.

“Dog walking keeps me mentally and physically fit to fight the cancer and the treatments”.