

observed between the two groups regarding length of hospital stay, complication rates, or oncologic outcomes.

**Conclusions:** Endoscopic mastectomy is a time-efficient and cost-effective alternative to robotic mastectomy. Both approaches demonstrated comparable oncologic outcomes and safety profiles, suggesting that endoscopic mastectomy could be a viable option for breast cancer surgery.

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### P330

#### Two-stage mastectomy approach for patients with significant breast ptosis: reducing complications and improving aesthetic outcomes

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**Goals:** Patients with significant breast ptosis undergoing nipple-areola complex sparing mastectomy (NSM) with immediate implant reconstruction and skin reduction face unique challenges, including a higher risk of skin flap and nipple-areola complex (NAC) necrosis and suboptimal aesthetic outcomes. A two-stage surgical approach may address these challenges by enhancing reconstruction results. However, direct comparisons of outcomes between staged and non-staged techniques remain limited. This study aims to compare necrosis complication rates of NSM with immediate implant reconstruction and skin reduction versus two-stage NSM with immediate implant reconstruction following reduction mammoplasty.

**Methods:** A cohort of 65 patients with significant breast ptosis (Grade II–III by Regnault's classification) operated on by one surgical team between 2020 and 2023 was analysed. The patients were divided into two groups:

1. NSM with one staged implant reconstruction and inverted-T pattern reduction: N = 36, mean age: 47.08 years, range [38–62 years], mean body mass index (BMI) 25.2 kg/m<sup>2</sup>.
2. Two-stage NSM mastectomy (Stage 1: Reduction mammoplasty. Stage 2: NSM mastectomy and reconstruction): N = 29, mean age: 42.5 years, range [32–57 years], BMI 24.1 kg/m<sup>2</sup>.

Reconstruction was performed using breast implants, with reductions carried out six months prior to mastectomy. NAC and skin flap necrosis rates, as well as reconstructive outcomes, were compared between the staged and non-staged groups. Statistical analysis was performed using Fisher's Exact Test, with a p-value of <0.05 considered statistically significant.

**Results:** The complication rate was significantly lower in the two-stage NSM group (6.9%) compared to the NSM group with immediate implant reconstruction and inverted-T pattern reduction (38.9%) (p = 0.003). In the two-stage group, only two cases of partial NAC necrosis were observed, with no other reconstructive complications reported.

Multivariate analysis demonstrated significantly higher post-operative satisfaction in the two-stage NSM group, as measured by the BREAST-Q survey (p = 0.001).

**Conclusions:** The two-stage NSM is a safer approach for patients with breast ptosis, significantly reducing complication rates and improving aesthetic outcomes. This two-stage technique not only improves surgical outcomes, but also enhances patient satisfaction, providing a more reliable solution for patients with large, ptotic breasts undergoing mastectomy and reconstruction.

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### P331

#### Evaluating the Impact of the SAVI Scout Device on Positive Margin Rates in Breast-Conserving Surgery: A Systematic Review

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**Goals:** The goal of this systematic review is to evaluate the effectiveness of the SAVI Scout device in breast-conserving surgery by analyzing positive margin rates reported in the literature. This review aims to provide a comprehensive synthesis of studies to determine the device's impact on surgical outcomes, including its ability to reduce re-excision rates.

**Methods:** This systematic review followed PRISMA guidelines. A comprehensive search was conducted in PubMed, Ovid, and the Cochrane Library to identify studies reporting positive margin rates for wide local excisions (WLEs) using the SAVI Scout device. Keywords included "SAVI Scout," "positive margin rate," "wide local excision," "breast-conserving surgery," and "breast cancer." Studies in English providing data on positive margins were included, while single case reports, abstracts, and unrelated studies were excluded. From 142 studies, 47 duplicates were removed, 30 underwent full-text review, and 19 were included. Data extracted included study design, sample size, demographics, positive margin criteria, margin definitions, and re-excision rates. Positive margins were defined as the combined sum of close and positive margins due to variability in definitions. Titles and abstracts were screened independently by two reviewers, with conflicts resolved by consensus. Findings were summarized descriptively due to heterogeneity.

**Results:** The positive margin rate in the literature ranged from 0.00% to 29.70%, with a weighted average of 13.46%. The sample size ranged from 7 (Chapgar et al.) to 320 (Tingen et al.). Mango et al. (2016) reported the lowest rate (0.00%), while Cox et al. (2016b) reported the highest (29.70%). Variation in positive margin rates reflects differences in criteria and surgical approaches across studies. UK studies (e.g., Wazir et al., Tayeh et al.) defined positive margins as ≤1 mm for invasive ductal carcinoma (IDC) and ≤2 mm for ductal carcinoma in situ (DCIS). US studies showed greater variability, with criteria ranging from tumor on ink (Mango et al., Misbach et al.) to <2 mm for DCIS (Choe et al., Chapgar et al.). In China and Australia, stricter thresholds (>2 mm for clear margins) were employed. Stricter criteria increased positive margin rates.

First Author	Sample Size	Positive Margin Rate
Bercovici et al.	202	8.42
Chapgar et al.	7	28.57
Choe et al.	254	18.90
Cox et al. (2016a)	41	29.27
Cox et al. (2016b)	101	29.70
Easwaralingam et al	130	10.77
Farha et al.	44	2.27
Kuzmiak et al.	66	21.21
Lee et al.	21	9.52
Mango et al. (2016)	13	0.00
Mango et al. (2017)	54	25.93
Misbach et al.	41	21.95
Nguyen et al.	110	11.82
Patel et al.	42	16.67
Srouf et al.	104	15.38
Tayeh et al.	17	5.88
Tingen et al.	320	5.63
Wazir et al.	57	7.02
Woo et al.	23	4.35

**Conclusions:** This review highlights the SAVI Scout device's effectiveness in breast-conserving surgery, showing low positive margin