

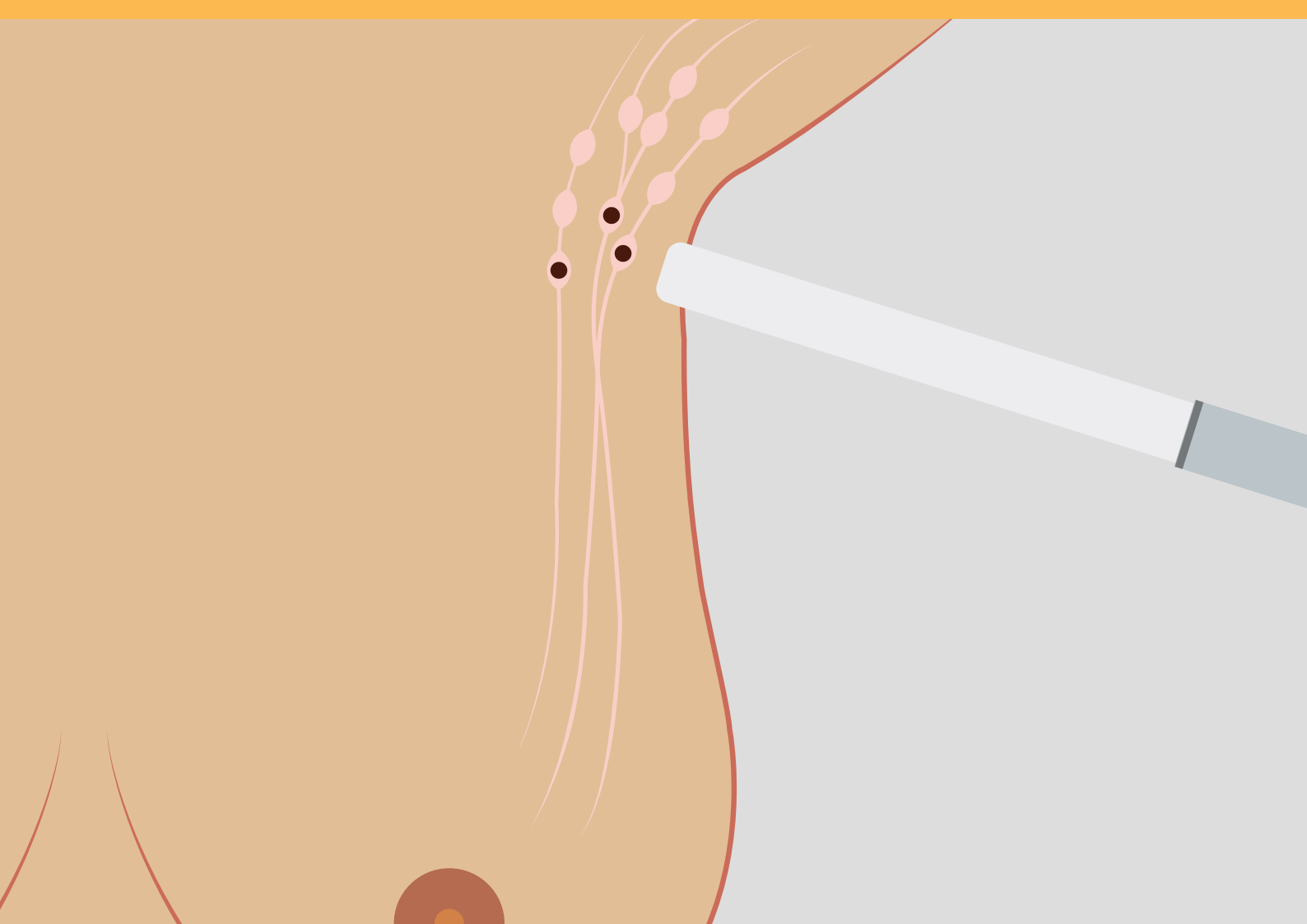
Lymphatic tracer  
for SLNB



# Magtrace<sup>®</sup>



endomag<sup>+</sup>



**Magtrace<sup>®</sup> is a simple liquid that provides a flexible and accurate way to detect sentinel lymph nodes.**

It offers patients the highest standard of breast cancer staging without the need for radioactivity.



## A lymphatic tracer designed for patients and physicians.

Adopting Magtrace® for sentinel lymph node biopsy allows you to offer the best standard of axillary staging regardless of the hospital setting,





# Injection

Magtrace® allows a convenient and comfortable injection for you and your patient,

## New flexibility ahead of surgery

Magtrace® offers unrivalled scheduling flexibility. It can be injected in clinic weeks before surgery or under anesthesia in the operating room.

Blue Dye

≤30 mins

Technetium

0 – 24 hrs

Magtrace

20 mins – Weeks before surgery



## Reduced patient pain

Magtrace® can be administered in the OR after anaesthesia to eliminate patient pain. If injected days before surgery, Magtrace® has been noted to be less painful than radioactive isotope.

## No adverse reactions

Unlike with blue dye injections, Magtrace® has no reported cases of serious adverse reactions - e.g. anaphylaxis in over 65,000 patients.



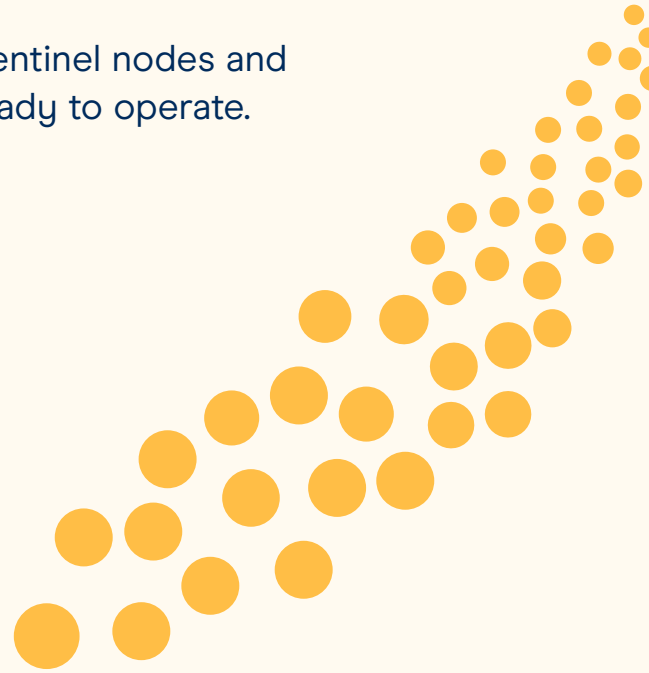


# Mapping

Magtrace® quickly identifies the sentinel nodes and remains in place until you are ready to operate.

## Fast migration

Magtrace® will move rapidly through the lymphatic system, giving you the option to inject in the operating room.



## Stays in the sentinel nodes

The 60nm particles in Magtrace® are optimised to be mechanically filtered by the sentinel lymph nodes and not pass to higher-echelon nodes.

## Up to 30-day signal

Unlike other tracers, the Magtrace® signal will continue to be detectable for weeks after it has been injected.



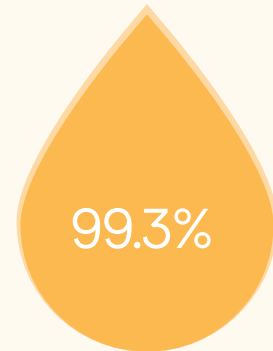


# Surgery

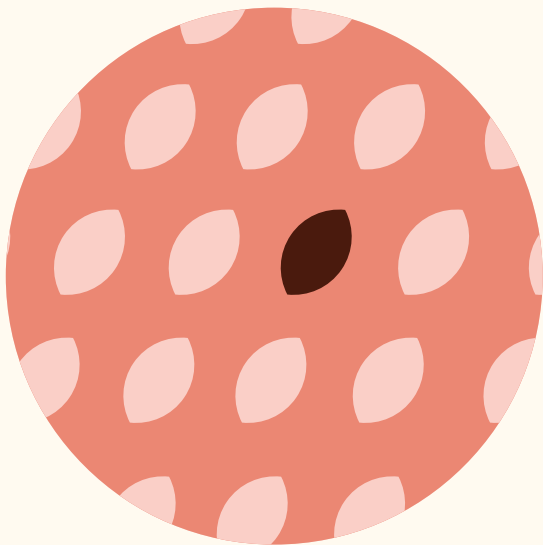
Magtrace® surgery is highly accurate and mirrors the gold standard technique.

## Accurate detection

Magtrace® has a 99.3% detection rate, finds an average of 2.4 nodes per patient and is non-inferior to radioisotope and blue dye<sup>1</sup>.



Magtrace average detection rate

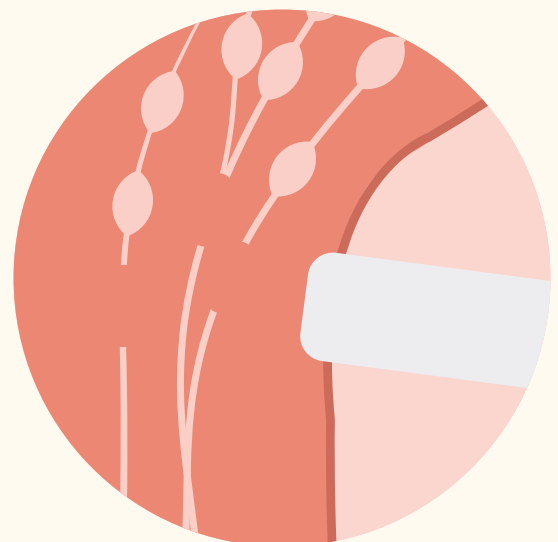


## Visual confirmation

As well as intuitively finding the sentinel nodes with the Sentimag® probe, Magtrace® also discolours the node, offering visual backup.

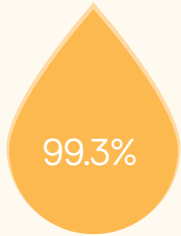
## Follows the 10% rule

With Magtrace®, once you have found all your sentinel nodes, the background count will drop below 10% of the hottest node.



## — Non-inferior to the current ‘gold standard’ —

The SentimaglC trial demonstrated Magtrace® to be non-inferior when compared to the blue dye and technetium dual tracer.



Magtrace®

vs.



Technetium +  
Blue dye

### Average detection rate (per patient)

Magtrace® has been shown to be non-inferior to the dual technique of radioisotope and blue dye.



2.4  
Magtrace®



2.4  
Technetium +  
Blue dye

### Average lymph nodes (per patient)

The number of lymph nodes excised per patient with Magtrace® was the same as the ‘gold standard.’

## Magtrace® in clinical trials

35+  
clinical trials

5,000+  
patients in trial

100+  
publications

4  
meta-analyses





— Trusted by experts —

Physicians around the world have now taken back control of their schedules by introducing Magtrace® to provide better patient experiences.



“When you have Magtrace, life becomes so much easier. The headache of needing people in different places at the same time disappears and you can just focus on the patient and their operation.”

**Mrs Rosie Stanton**  
Consultant Breast Surgeon  
Hampshire Hospitals NHS Trust



“Magtrace offers us the advantage of injecting on the day of surgery - and identifying it with the Sentimag is simple. It’s enabled us to respond better to the many challenges of the COVID pandemic”

**Miss Kate Williams**  
Clinical Director of Breast Surgery  
North Manchester General Hospital



“The dual confirmation on Magtrace of maxing out the tracer [with the Sentimag probe] and seeing the focused brown color was so easy and reassuring.”

**Manpreet Kohli, MD**  
Director of Breast Surgery  
Monmouth Medical Center, RWJBarnabas Health



“Magtrace helps to combat concerns of patient pain and its longer lasting properties open up more flexible OR scheduling.”

**Prof. Kandace McGuire, MD**  
Chief, Section of Breast Surgery  
Massey Cancer Center, VCU School of Medicine

[See more at endomag.com/videos](https://www.endomag.com/videos)



— A growing global movement —

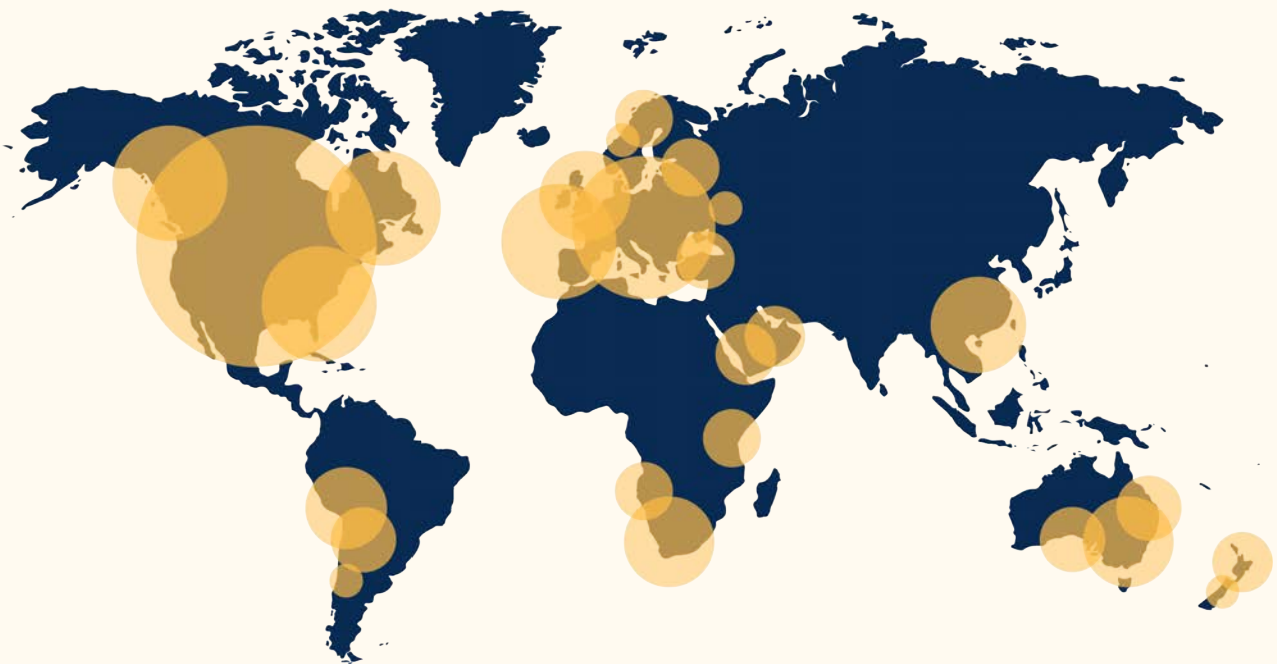
Now across six continents, more and more physicians are adopting Magtrace® to improve the standard of breast cancer care.

**6**  
continents

**45+**  
countries

**850+**  
hospitals

**100,000+**  
SLNBs



Magnetic staging and localisation

# The Sentimag<sup>®</sup> platform



## The most sophisticated surgical guidance platform available for breast cancer surgery

All these surgical techniques in one platform

1

### Seed localisation

Use Magseed<sup>®</sup> for precision seed localisation

2

### Targeted axillary dissection

Mark previously positive nodes with Magseed<sup>®</sup>, alongside SLNB

3

### Sentinel lymph node biopsy

Inject Magtrace<sup>®</sup> in the OR or weeks ahead of surgery

## — Magtrace® lymphatic tracer technical specifications —

Magtrace® has been designed to make axillary staging simple and accurate - with both physicians and patients in mind.

|                               |  |
|-------------------------------|--|
| <b>Approved by:</b>           | FDA†, CE, Health Canada, TGA, MDCO   |
| <b>Patients treated:</b>      | 100,000+ globally  |
| <b>Material:</b>              | Core — Iron oxide<br>Coating — Sugar (carboxydextran)<br>Liquid — Water and salt<br>Non-radioactive                  |
| <b>Particle size:</b>         | 60nm. Optimal for rapid migration and filtration by the sentinel nodes   |
| <b>Detection properties:</b>  | Magnetic signal count<br>Visual node discoloration   |
| <b>Injection scheduling:</b>  | Flexible injection from minutes to days before surgery   |
| <b>Injection sites:</b>       | Subareolar, peritumoral, interstitial  |
| <b>Adverse events:</b>        | No reported serious adverse events in 100,000+ cases   |
| <b>Imaging:</b>               | Mammo, U/S, CEM/CEM: Not detectable on images<br>MRI: MRI Conditional (1.5T and 3.0T)                                |
| <b>Data:</b>                  | 35+ clinical trials + 4 meta-analyses<br>5,000+ patients<br>50+ hospitals in 13 countries                            |
| <b>Detection rate:</b>        | Non-inferior across multiple studies. SentiMAGIC study demonstrated 99.3% vs. 98.6% for Tc <sup>99</sup> + blue dye* |
| <b>Avg. nodes per patient</b> | 2.4 vs. 2.4 for Technetium + blue dye*   |

*\*Clinical data available on file at Endomag*

*†FDA Approved for sentinel lymph node biopsy in patients having a mastectomy*

endomag<sup>+</sup>

Improving breast cancer  
treatment for everyone.

Contact us at

[endomag.com/get-in-touch](https://endomag.com/get-in-touch)

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