Surgeons scored the technology better than wire-guided localization (WGL) and radioguided occult lesion localisation (ROLL), and at least comparable to RSL. The technology was therefore considered feasible.

At the date of abstract submission, the in vivo study was still ongoing and results will be presented at the ESSO 2016 congress.

Conclusions: Magnetic marker localization is a promising new technology to improve breast conserving surgery. It combines the benefits of RSL (planning flexibility, continuous re-assessment of surgical approach, accuracy, patient comfort) and of WGL: simplicity.

Conflict of interest: No conflict of interest.

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