Technical Specifications

Magtrace® Lymphatic Tracer



General

Material	Iron oxide, Sugar (carboxydextran), Water, Salt - Non-radioactive
Particle size	60nm. Optimal for rapid migration and filtration by the sentinel nodes
Injection sites	Subareolar, peritumoral, interstitial
Injection timing	Flexible injection from 20 minutes to 30 days before surgery
Injection volume	1ml or 2ml (UK - other territories may vary)
Patients treated	200,000+* globally
Imaging	Not detectable on Mammo, US or CEDM

Sensing

Sensing type	Counts Mode
Detection properties	Magnetic signal and visual node discolouration
Detection window	Up to 30 days post-injection[1]
Sensing direction	360° – detectable from any angle
Different tissue types	No change in sensing ability

Reliability

Approved by	FDA, BSI, Health Canada, TGA, MDCO
Clinical data	14,000+ patients (March 2026)
Accuracy	96.8% detection rate[2]
Nodal yield	Average of 2.02 nodes per patient[2]
Adverse effects	No reported cases of anaphylaxis[3]
MRI	MRI conditional (1.5T and 3.0T)

*Data on file at Endomag. Data correct as of March
[1,2] Data on file at Endomag, [3] Complaints data on file at Endomag

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Further Questions?

Please visit our website or email us to connect
with our customer service and technical support teams.

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References:

1 Data on file at Endomag. Device Classification for CE Marking Magtrace (2025) SIE-002, V9.0. Data correct as of March 2026.
2 Data on file at Endomag. Scientific and Clinical Literature Review – Magtrace – November 2025 (P415J003). Data correct as of March 2026.
3 Complaints data on file at Endomag. Data correct as of March 2026.

Important Safety Information:

The Magtrace® Lymphatic Tracer and Sentimag® System is indicated to assist in localising lymph nodes draining a tumour site, as part of a sentinel lymph node biopsy procedure (SLNB), in adult patients with breast, prostate, penile, gynaecological cancers or malignant melanoma. For gynaecological cancers, the clinical data for the Magtrace® Lymphatic Tracer is limited but supportive of effectiveness. Extensive clinical data for other indications suggests the Magtrace® Lymphatic Tracer will be a low safety risk in gynaecological cancers. For head and neck cancers, the clinical data is limited and does not support the effectiveness of Magtrace®. The Magtrace® Lymphatic Tracer is contraindicated for known hypersensitivity to iron oxide or dextran compounds, Iron overload disease, a metal implant in the axilla or in the chest, SLNB before neoadjuvant chemotherapy (NAC) where magnetic resonance imaging (MRI) will be the primary imaging used for monitoring the progress of NAC, patients identified in advance to require post-lumpectomy imaging with breast MRI. For a complete list of warnings and precautions, please see the instructions for use (IFU).

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