Product News

**Snow-Melting Mats Ease Falling Fear in Winter**

The risk of falling is a scary thought for older adults, but adding a wintry mix of snow and ice to the equation can make the winter months terrifying for the older adult population and those who care for them.

In an effort to keep driveways and steps clear without the need to sprinkle sand and salt, HeatTrak has developed a series of outdoor, electrically operated Heated Walkway Mats. The mats are built with half-inch thick nonslip, commercial-grade, reinforced natural rubber. They feature a deep, continuous chevron pattern on the upper side for extra traction. The heating element is sandwiched between the upper and lower nonslip protective rubber surfaces. The mats are as durable as automobile tires and designed to be left outside for entire seasons. They plug into any standard 120V or 240V outlet with a ground fault circuit interrupter. Optionally, they may be further secured using the mats’ galvanized steel grommets supplied on each corner and along lengthy edges.

HeatTrak also offers a temperature sensor that activates the mats when temperatures drop below 32 degrees. In addition, the HeatTrak Snow Sensor senses the weight of snow, then automatically triggers a flood of heat that melts snow at the rate of two inches per hour. When the snow is melted, the sensors detect the absence of weight and automatically turn off. No one needs to be present for the mats to operate: They stay plugged in, while the sensors turn the mats on and off as needed.

HeatTrak manufactures snow-melting mats of various sizes for commercial, industrial, and residential use. For more information, visit http://www.heattrak.com.


**Compound Removes Amyloid Plaques**

A study published in the *Archives of Neurology* describes how Roche’s monoclonal antibody gantenerumab removes amyloid plaques from the brain of patients with Alzheimer’s disease (AD). It is the first time that clinical data have been published for gantenerumab, an investigational fully human anti-amyloid beta monoclonal antibody designed to bind to amyloid plaques in the brain and remove them.

Results from Phase I clinical trials and ex vivo studies demonstrated that gantenerumab treatment results in a dose-dependent reduction of brain amyloid, possibly through phagocytosis via brain microglial cells, whereas amyloid load increased in patients receiving placebo treatment.

The effect of up to 6 months of treatment with gantenerumab at two different doses or placebo on brain amyloid was measured in 16 patients with mild to moderate AD using positron emission tomography and the radiotracer 11C-Pittsburgh Compound B. In addition, AD brain slices from an independent patient sample were incubated with gantenerumab at increasing concentrations and with human microglia in an ex vivo phagocytosis assay.

The next step will be to investigate whether removal of brain amyloid translates into clinical benefit for patients at doses of gantenerumab that reduce brain amyloid and are well tolerated, with a favorable safety profile.

This is the objective of the SCarlet RoAD trial, which is set to investigate the efficacy and safety of gantenerumab in patients in the early or prodromal stage of AD. The SCarlet RoAD study is currently recruiting 360 patients in 15 countries and will look at the effects that gantenerumab has on participants’ ability to remember information, solve problems, and go about day-to-day activities.

For more information, visit http://www.scarletroadstudy.com.

FDA Approves Drug to Reduce Risk of Stroke and Systemic Embolism

Once-daily Xarelto® (rivaroxaban) has received approval from the U.S. Food and Drug Administration to protect patients with non-valvular atrial fibrillation from the risk of stroke and systemic embolism. Rivaroxaban is the only oral anticoagulant agent now approved in the United States that provides the benefits of once-daily fixed dosing and no need for routine blood monitoring.

Rivaroxaban is approved to reduce the risk of stroke and systemic embolism in patients with non-valvular atrial fibrillation at a dose of 20 mg once daily, or 15 mg once daily for patients with moderate to severe renal impairment. The approval for stroke prevention in patients with atrial fibrillation is based on the clinical benefits demonstrated in the double-blind Phase III ROCKET AF (Rivaroxaban Once daily oral direct Factor Xa inhibition Compared with vitamin K antagonism for prevention of stroke and Embolism Trial in Atrial Fibrillation) global clinical trial, the results of which were published in the New England Journal of Medicine.

ROCKET AF was a prospective, randomized, double-blind, double-dummy parallel group outcomes study comparing once-daily rivaroxaban (20 mg, or 15 mg for patients with moderate renal impairment) with dose-adjusted warfarin (Coumadin®) in 14,264 patients with non-valvular atrial fibrillation who were at risk for stroke or non-central nervous system (CNS) systemic embolism. The primary objective of ROCKET AF was to demonstrate the efficacy of once-daily rivaroxaban in comparison to dose-adjusted warfarin in the prevention of stroke and non-CNS systemic embolism in patients with non-valvular atrial fibrillation. The principal safety measure of ROCKET AF was the composite of major plus non-major clinically relevant bleeding events.

doi:10.3928/00989134-20111213-99

New Drug Treats Wet Age-Related Macular Degeneration

The U.S. Food and Drug Administration has approved Eylea™ (aflibercept) Injection, known in the scientific literature as Vascular Endothelial Growth Factor (VEGF) Trap-Eye, for the treatment of patients with neovascular (wet) age-related macular degeneration at a recommended dose of 2 mg every 4 weeks (monthly) for the first 12 weeks, followed by 2 mg every 8 weeks (2 months).

The approval of Eylea was granted under a Priority Review, a designation that is given to drugs that offer major advances in treatment or provide a treatment where no adequate therapy exists. This approval was based on the results of two Phase III clinical studies. In these studies, Eylea dosed every 8 weeks, following three initial monthly injections, was clinically equivalent to the standard of care, Lucentis® (ranibizumab injection) dosed every 4 weeks, as measured by the primary endpoint of maintenance of visual acuity (less than 15 letters of vision loss on an eye chart) over 52 weeks. The most common adverse reactions reported in patients receiving Eylea were conjunctival hemorrhage, eye pain, cataract, vitreous detachment, vitreous floaters, and increased intraocular pressure. The adverse event profile was similar to that seen with ranibizumab.

VEGF is a naturally occurring protein in the body. Its normal role in a healthy organism is to trigger formation of new blood vessels supporting the growth of the body’s tissues and organs. However, in certain diseases, such as wet age-related macular degeneration, it is also associated with the growth of abnormal new blood vessels in the eye, which exhibit abnormal increased permeability that leads to edema. Scarring and loss of fine-resolution central vision often results.


The U.S. Food and Drug Administration has approved Eylea™ (aflibercept) Injection, known in the scientific literature as Vascular Endothelial Growth Factor (VEGF) Trap-Eye, for the treatment of patients with neovascular (wet) age-related macular degeneration at a recommended dose of 2 mg every 4 weeks (monthly) for the first 12 weeks, followed by 2 mg every 8 weeks (2 months).

The approval of Eylea was granted under a Priority Review, a designation that is given to drugs that offer major advances in treatment or provide a treatment where no adequate therapy exists. This approval was based on the results of two Phase III clinical studies. In these studies, Eylea dosed every 8 weeks, following three initial monthly injections, was clinically equivalent to the standard of care, Lucentis® (ranibizumab injection) dosed every 4 weeks, as measured by the primary endpoint of maintenance of visual acuity (less than 15 letters of vision loss on an eye chart) over 52 weeks. The most common adverse reactions reported in patients receiving Eylea were conjunctival hemorrhage, eye pain, cataract, vitreous detachment, vitreous floaters, and increased intraocular pressure. The adverse event profile was similar to that seen with ranibizumab.

VEGF is a naturally occurring protein in the body. Its normal role in a healthy organism is to trigger formation of new blood vessels supporting the growth of the body’s tissues and organs. However, in certain diseases, such as wet age-related macular degeneration, it is also associated with the growth of abnormal new blood vessels in the eye, which exhibit abnormal increased permeability that leads to edema. Scarring and loss of fine-resolution central vision often results.