

Guy's Hospital installs Siemens' Aera MRI



Guy's and St Thomas' NHS Foundation Trust, UK, has installed a MAGNETOM® Aera 1.5 Tesla MRI system from Siemens Healthcare at Guy's Hospital. The multi-purpose system is being used for a wide range of examinations such as head imaging, orthopedics and neuroimaging.

The Aera's wide 70cm Open Bore is able to accommodate a variety of patient sizes, allowing many examinations to be completed with the patient's head outside the bore. This improves the clinical environment for claustrophobic or larger patients, helps to reduce sedation rates and minimise stress levels. The system is also equipped with a Tim® Dockable table option. This helps with preparing the patient for scanning outside the room and smoothly wheels and docks onto the MRI scanner when ready.

"The Aera's detachable table is beneficial as it is easier for transferring bed patients, such as those with cord compression and for use in

emergency situations," said Kim Robertson, Head of Radiology Service at Guy's Hospital. "Radiographers are benefiting from the system's ease-of-use and appreciate the integrated coil technology which is making for faster scans without compromising on image quality."

"The Aera is helping to make examinations easier, more comfortable and more efficient," said Malcolm Pickering, Regional Sales Manager at Siemens Healthcare. "The system's advanced technology is designed to streamline workflow and is ideally suited to assist with the high patient throughput at Guy's Hospital."

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European Commission approves inclusion of Anti-JC Virus Antibody Status as a PML risk factor in Tysabri labelling

The European Commission has approved the inclusion of anti-JC virus (JCV) antibody status as an additional factor to aid in stratifying patients at risk for developing progressive multifocal leukoencephalopathy (PML) in the Summary of Product Characteristics (SmPC) for Tysabri® (natalizumab) in the European Union. In addition, as part of a standard review process, the EC concluded the quality, safety and efficacy of Tysabri continue to be adequately demonstrated and renewed the EU five-year Marketing Authorisation.

The new SmPC language states that patients who are anti-JCV antibody positive are at an increased risk of developing PML compared to patients who are anti-JCV antibody negative. Recent studies suggest that irrespective of MS treatment, approximately 55% of MS patients are anti-JCV antibody positive. The SmPC language also states that patients who are anti-JCV antibody positive, have received prior immunosuppressant (IS) therapy, and received treatment with TYSABRI for more than two years have the highest risk of developing PML. The addition of anti-JCV antibody status to previously-established risk factors further stratifies the potential risk of developing PML.

"This label change can help give confidence to physicians and patients by providing additional guidance on stratifying the potential risk for developing PML in Tysabri-treated patients," said Tomas Olsson, Professor of Neurology in the Department of Clinical Neurosciences at the Karolinska Institute in Stockholm, Sweden. "Understanding all factors, including anti-JCV antibody status, is essential, and the Swedish MS Society has established guidelines recommending how this can be put into practice."

Merck Serono and Affectis Pharmaceuticals agreement to develop oral drugs for neurodegenerative diseases

Merck Serono has announced that an exclusive licensing agreement was signed with Affectis Pharmaceuticals AG, Munich, Germany, for the development and commercialisation of oral compounds targeting P2X7 receptors. These receptors are believed to be involved in neuroinflammation observed in some neurodegenerative diseases.

Under the terms of the agreement, Merck Serono will have worldwide exclusive rights to develop and commercialise selected compounds. The contract also includes a research collaboration focusing on P2X7 antagonist optimisation.

"We are pleased to announce this collaboration with Affectis Pharmaceuticals, a company with

robust experience in drug discovery in the central nervous system area," said Dr. Bernhard Kirschbaum, Executive Vice President for Global Research and Development at Merck Serono. "This partnership reflects our long-term commitment to developing innovative treatments for neurodegenerative diseases, where unmet medical need still remains."

Trobalt®▼ (retigabine) for adjunctive treatment of partial onset epilepsy

The National Institute for Health and Clinical Excellence (NICE) has issued a Final Appraisal Determination (FAD), recommending retigabine as an option for the adjunctive (add-on) treatment of partial onset seizures with or without secondary generalisation in adults aged 18 years and older with epilepsy, when previous treatment with other anti-epilepsy drugs (AEDs) has not provided an adequate response, or has not been tolerated. These epilepsy treatments are commonly prescribed as initial

monotherapy or used in combination.

Of those people diagnosed with epilepsy in the UK, around 30 percent do not respond to initial epilepsy treatments and remain uncontrolled. This group is considered refractory and equates to approximately 60,000 people in the UK.

Refractory epilepsy has a negative impact on the quality of the lives of patients with the disorder, is associated with an increased risk of sudden death and significant costs to society and to the healthcare

system. Retigabine is the first in a new class of epilepsy treatments and is currently the only AED to target neuronal potassium channels which are involved in inhibitory mechanisms in the brain, and are thought to have a role in seizure control. The efficacy and safety of retigabine was established in two pivotal multicentre, randomised, double-blind, placebo-controlled, fixed dose studies. The NICE recommendation of retigabine will offer patients and clinicians an additional option for difficult to control epilepsy.