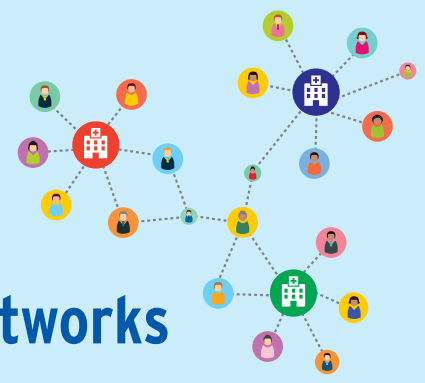


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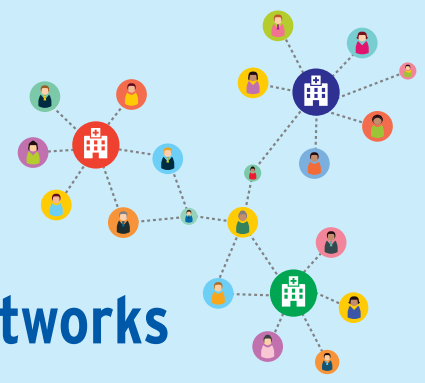
Amyloidosis in Everyday Practice: Diagnosis and Basic Treatment

Clues Suggesting ATTR Amyloidosis¹

CARDIAC MANIFESTATIONS	EXTRACARDIAC MANIFESTATIONS
<p>Clinical</p> <ul style="list-style-type: none">• Fatigue• Heart failure symptoms• Family history of heart failure <p>Electrical</p> <ul style="list-style-type: none">• Conduction system disease/pacemaker• Atrial fibrillation• Pseudoinfarct pattern• Discordant QRS voltage for degree of increased left ventricular wall thickness on imaging <p>Imaging</p> <ul style="list-style-type: none">• Increased left ventricular wall thickness• Grade 2 or worse diastolic function• Abnormal longitudinal strain with apical sparing• Diffuse subendocardial or transmural late gadolinium enhancement on cardiac MRI with increased extracellular volume fraction <p>Laboratories</p> <ul style="list-style-type: none">• Persistent low-level troponin elevation• Elevated B-type natriuretic peptide or N-terminal pro-B-type natriuretic peptide	<p>Musculoskeletal</p> <ul style="list-style-type: none">• Bilateral carpal tunnel syndrome• Lumbar/cervical spinal stenosis• Spontaneous biceps tendon rupture• Hip or knee replacement <p>Neurological</p> <ul style="list-style-type: none">• Peripheral neuropathy• Family history of neuropathy• Autonomic dysfunction• Intolerance to vasodilating antihypertensive medications• Orthostatic hypotension• Gastroparesis• Urinary incontinence• Erectile dysfunction <p>Renal</p> <ul style="list-style-type: none">• Nephrotic syndrome

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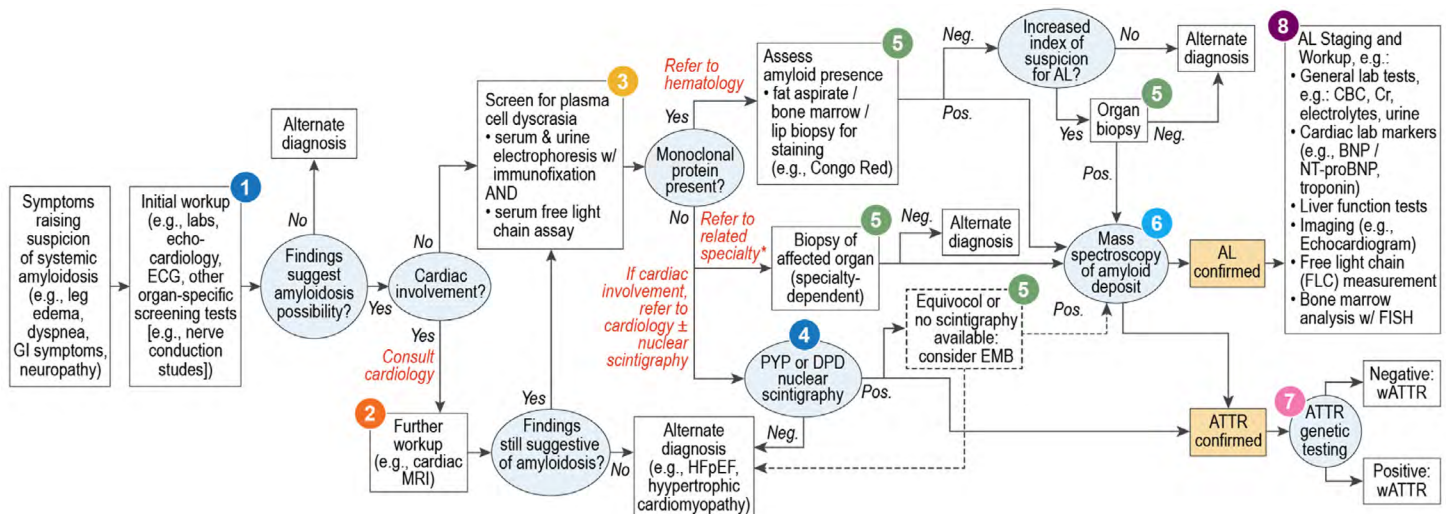
Amyloidosis in Everyday Practice: Diagnosis and Basic Treatment

Early Diagnosis Is Essential but Challenging^{1,2}

- Diagnostic delays are common and costly
 - Mean delay of 2-4 years
 - High fatality if untreated: 25% of AL amyloidosis within 6 months, 25% of ATTR within 24 months
- Diagnostic delays are attributable to:
 - Non-specific presenting symptoms and variation between patients—HFpEF, neuropathy, proteinuria, and fatigue
 - Misattribution of left ventricular (LV) wall thickening to hypertensive heart or hypertrophic cardiomyopathy
 - Considered a disease of older adults and, therefore, overlooked in younger adults with ATTR pathogenic variants
 - Fragmented care and non-cardiac symptoms not recognized by single specialty
 - Inappropriate test sequencing delaying confirmation of AL vs ATTR amyloidosis
 - Lack of multidisciplinary care coordination

Multidisciplinary Approach Can Enhance Diagnosis and Outcomes²

- Once amyloidosis is suspected, a systematic testing and multidisciplinary approach is essential for rapidly confirming the subtype
- Always rule out AL amyloidosis first and then confirm ATTR, including genetic testing for variants



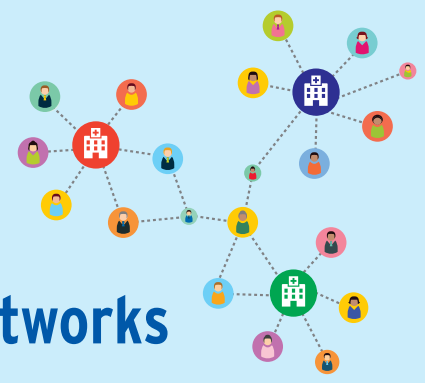
Comprehensive diagnostic algorithm for suspected systemic amyloidosis. Note the specialties that are involved at each step. The numbers indicate additional workup; please see Jimenez-Zepeda V, et al (2023) for more information.

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Approved Disease-Specific Treatments for Amyloidosis^{1,3}

ATTR-CM Amyloidosis

Acoramidis
Tafamidis
Vutrisiran

ATTR-PN Amyloidosis

Eplontersen
Patisiran
Vutrisiran

AL Amyloidosis

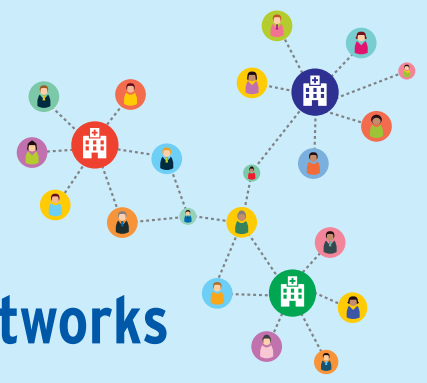
Daratumumab in combination
with bortezomib,
cyclophosphamide, and
dexamethasone (D-VCd)

Key Takeaways

- Maintain a high clinical suspicion for amyloidosis in patients with multi-system presentations, particularly combined with heart failure with thick ventricular walls
- Follow structured diagnostic algorithms, always ruling out AL amyloidosis and then evaluating for ATTR
- Implement multidisciplinary communication and collaboration to reduce diagnostic delays and optimize patient management
- Prioritize an early accurate diagnosis to improve outcomes with disease targeting therapies for AL and ATTR amyloidosis—early-stage treatment is associated with better survival
- Refer early to specialized centers to avoid diagnostic delays, improve access to specialized therapies and clinical trials, and increase the range of patient support resources

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Resources

Posters you can download and display in clinic/lab

- ASNC. Think Amyloid Echocardiography Laboratory poster. <https://www.asnc.org/resource/think-amyloid-echocardiography-laboratory-poster/>
- ASNC. Think Amyloid Cardiology Specialty Clinic poster. <https://www.asnc.org/resource/think-amyloid-cardiology-specialty-clinics-poster/>
- ASNC. Think Amyloid Primary Care Clinics poster. <https://www.asnc.org/resource/think-amyloid-primary-care-clinics-poster/>

For patients

- Amyloidosis Foundation. <https://amyloidosis.org/resources>
- Amyloidosis Support Groups. <https://www.amyloidosissupport.org/>

References

1. Writing Committee, et al. *J Am Coll Cardiol*. 2023;81(11):1076-1126.
2. Jimenez-Zepeda V, et al. *Clin Lymphoma Myeloma Leuk*. 2023;23(3):194-202.
3. Sanchorawala V. *N Engl J Med*. 2024;390(24):2295-2307.