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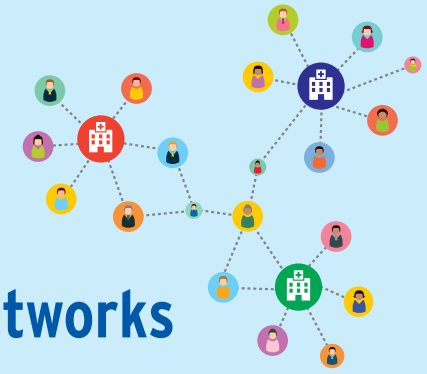
Building Effective Amyloidosis Care Networks



Building an Amyloidosis Care Plan

Multidisciplinary Care Management[1,2,3]

- Amyloidosis management requires a multidisciplinary team due to the systemic complexity of the disease and the evolving landscape of diagnostics and treatments
- Effective care planning requires structured, regular communication and decision-making among the involved specialties
- Multidisciplinary management can be facilitated by tumor boards, multidisciplinary meetings, joint clinics, and integrated electronic health records

Specialties and Functions[1,2,3,4,5]

- **Hematology/Oncology**
  Leads diagnosis and management for AL amyloidosis, coordinates bone marrow analysis, chemotherapy, and transplantation
- **Cardiology**
  Oversees heart failure care, arrhythmia management, advanced imaging, and transplant evaluation
- **Pathology**
  Performs Congo red staining and mass spectrometry–based amyloid typing
- **Neurology**
  Manages neuropathy and monitors neurologic complications, especially for polyneuropathy variants
- **Nephrology**
  Monitors renal complications, manages proteinuria and dialysis/transplant planning
- **Genetics**
  Analyzes TTR gene for variants and provides counseling, as needed
- **Others**
  Gastroenterology, hepatology, pulmonology, endocrinology, and allied health professionals can be engaged, depending on patient need

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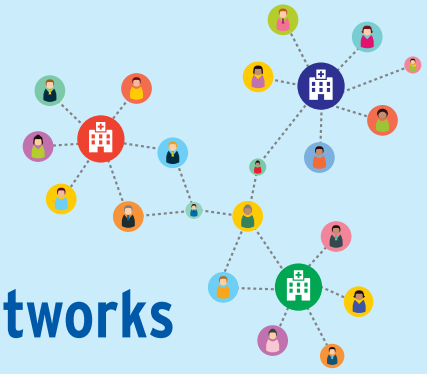

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Longitudinal Management[1,2,3,4,5,6,7]

- Amyloidosis is a chronic, progressive disease that requires ongoing monitoring, treatment adjustments, and early detection of complications
- Patients should be assessed for:
  - Organ response to treatment
  - Hematologic response for AL
  - Quality of life
  - Disease progression

Monitoring Patients With ATTR-CM[8]

Criteria for disease progression in patients with ATTR-CM

Clinical and functional	Laboratory biomarker	Imaging and ECG
Increase in HF-related hospitalization OR Increase in NYHA class OR Decline in QoL: KCCQ (5–10 pts)/ EQ-5D (10%) OR 30–40 m decline in 6MWT every 6 months	30% increase in NT-proBNP (300 pg/mL cut-off) OR 30% increase in troponin OR Advance in NAC staging scale	Increased LV wall thickness (2 mm) OR Increase in diastolic dysfunction grade OR Change in systolic measurement (≥5% decrease in LVEF; ≥5 mL decrease in stroke volume; ≥1% increase in GLS) OR New onset conduction disturbance

One marker from each domain provides the minimum requirement for assessing ATTR-CM progression

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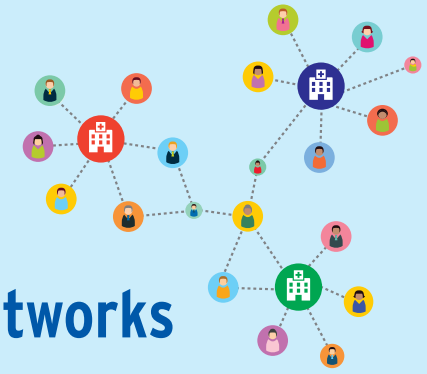

Building an Amyloidosis Care Plan

Patient Engagement and Shared Decision-Making[1,7]

- Actively include patients in educational efforts and decision-making related to care plans to ensure realistic expectations, informed consent, and alignment with personal values and goals
- Tailor options to patients' preferences, social factors, and expected outcomes
- Present treatment options clearly, sharing benefits and risks, discussing prognosis honestly but hopefully, and considering impact on quality of life
- Share information about patient support organizations and resources

Key Takeaways

- Multidisciplinary care is essential to effectively manage amyloidosis
- Early diagnosis and intervention can prevent irreversible organ damage
- Amyloid typing is required because amyloid protein type or variant determines treatment
- Multidisciplinary longitudinal monitoring and follow-up are necessary to identify problems early and prevent complications
- Patients should be included as partners in their care and care plans tailored to individual patients

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