



ATTR Management Guidelines

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||| ATTR Disease State Slide Deck

- This resource provides information about ATTR.
- This resource is intended to be viewed in its entirety to support scientific exchange and is not intended as recommendations for clinical practice.
- This resource may contain hyperlinks that are not functional in this format.
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I II Guidelines on Disease Management

|| Guidelines on Disease Management

Guideline	Global or country-specific	Topics addressed					
		hATTR	wtATTR	Polyneuropathy	Cardiomyopathy	Diagnosis	Monitoring and treatments
<u>2013 ISA guideline of transthyretin-related hereditary amyloidosis for clinicians¹</u>	Global	✓		✓	✓	✓	✓
<u>2022 ISA guidelines and new directions in the therapy and monitoring of hATTR amyloidosis (closed-access)²</u>	Global	✓		✓	✓		✓
<u>2022 AHA/ACC/HFSA guideline for the management of heart failure³</u>	US	✓	✓		✓	✓	✓
<u>Diagnosis and treatment of cardiac amyloidosis (ESC)⁴</u>	Europe	✓	✓		✓	✓	✓
<u>Canadian guidelines for hereditary transthyretin amyloidosis polyneuropathy management (closed-access)⁵</u>	Canada	✓		✓	✓	✓	✓
<u>JCS 2020 guideline on diagnosis and treatment of cardiac amyloidosis⁶</u>	Japan	✓	✓	✓	✓	✓	✓

ACC, American College of Cardiology; AHA, American Heart Association; ATTR, transthyretin-mediated; hATTR, hereditary ATTR; wtATTR, wild-type ATTR; ESC, European Society of Cardiology; HFSA, Heart Failure Society of America; ISA, International Society of Amyloidosis; JSC, Japanese Circulation Society.

1. Ando et al. *Orphanet J Rare Dis.* 2013;8:31; 2. Ando et al. *Amyloid.* 2022; 29(3):143–55; 3. Heidenreich et al. *J Am Coll Cardiol.* 2022;79(17):e263–421; 4. Garcia-Pavia et al. *Eur J Heart Fail.* 2021;23:512–26; 5. Alcantara et al. *Can J Neurol Sci.* 2022;49(1):7–18; 6. Kitaoka et al. *Circ J.* 2020;84(9):1610–71.

|| Expert Consensus on Disease Management



Expert consensus	Global or country-specific	Topics addressed					
		hATTR	wtATTR	Polyneuropathy	Cardiomyopathy	Diagnosis	Monitoring and treatments
<u>Avoiding misdiagnosis: recommendations for the suspicion and diagnosis of transthyretin amyloidosis for the general practitioner¹</u>	Global	✓	✓	✓	✓	✓	
<u>Recommendations for the suspicion and diagnosis of transthyretin cardiac amyloidosis²</u>	Global	✓	✓		✓	✓	
<u>Recommendations to improve diagnosis of ATTR amyloidosis with polyneuropathy³</u>	Global	✓		✓		✓	
<u>Recommendations for multimodality imaging in cardiac amyloidosis: part 1 of 2—evidence base and standardized methods of imaging⁴</u>	Global	✓	✓		✓	✓	
<u>Recommendations for multimodality imaging in cardiac amyloidosis: part 2 of 2—diagnostic criteria and appropriate utilization⁵</u>	Global	✓	✓		✓	✓	
<u>Brazilian consensus for diagnosis, management and treatment of transthyretin familial amyloid polyneuropathy⁶</u>	Brazil	✓		✓		✓	✓
<u>Monitoring symptomatic hereditary transthyretin-mediated amyloidosis and assessment of disease progression⁷</u>	Global	✓		✓	✓		✓
<u>World Heart Federation consensus on transthyretin amyloidosis cardiomyopathy (ATTR-CM)⁸</u>	Global	✓	✓		✓	✓	✓
<u>Diagnosis and treatment of hereditary transthyretin amyloidosis with polyneuropathy in the United States⁹</u>	US	✓		✓		✓	✓

ATTR, transthyretin amyloidosis; ATTR-CM, ATTR with cardiomyopathy; hATTR, hereditary ATTR; wtATTR, wild-type ATTR.

1. Gertz et al. *BMC Fam Pract.* 2020;21:198; 2. Maurer et al. *Circ Heart Fail.* 2019;12(9):e006075; 3. Adams et al. *J Neurol.* 2021;268(6):2109–22; 4. Dorbala et al. *Circ Cardiovasc Imaging.* 2021;14(7):e000029; 5. Dorbala et al. *Circ Cardiovasc Imaging.* 2021;14(7):e000030; 6. Pinto et al. *Arq Neuropsiquiatr.* 2018;76(9):609–21; 7. Adams et al. *Orphanet J Rare Dis.* 2021;16:411; 8. Brito et al. *Glob Heart.* 2023;18(1):59; 9. Karam et al. *Muscle Nerve.* 2024; 69 (3):273–287.

|| ESC Position Statement on Diagnosis and Treatment of Cardiac Amyloidosis (1/2)

Proposed follow-up scheme in ATTR amyloidosis with cardiomyopathy

Patient type	Recommendation
ATTR amyloidosis with cardiomyopathy patients	<p>Every 6 months:</p> <ul style="list-style-type: none">ECG, blood tests including NT-prBNP and troponin, neurological evaluation (if hATTR), 6MWD (optional), KCCQ (optional) <p>Every 12 months:</p> <ul style="list-style-type: none">Echocardiography/CMR, 24h Holter ECG, ophthalmological evaluation (if hATTR)
hATTR asymptomatic genetic carriers ^a	<p>Yearly:</p> <ul style="list-style-type: none">ECG, blood tests including NT-proBNP and troponin, neurological and ophthalmological evaluation <p>Every 2 years:</p> <ul style="list-style-type: none">Holter ECG <p>Every 3 years if any of the above complementary tests are abnormal:</p> <ul style="list-style-type: none">Scintigraphy, CMR

2021 ESC position statement for the diagnosis and treatment of cardiac amyloidosis is publicly available and can be accessed here <https://onlinelibrary.wiley.com/doi/10.1002/ejhf.2140>

|| ESC Position Statement on Diagnosis and Treatment of Cardiac Amyloidosis (2/2)

Treatment of cardiac complications and comorbidities in cardiac amyloidosis

Cardiac complication/comorbidity	Recommendation
Aortic stenosis	<ul style="list-style-type: none">In amyloid-AS, TAVR improves patient outcomeConcomitant wtATTR amyloidosis risk factor of periprocedural AV block
Heart failure	<ul style="list-style-type: none">Control fluid; diureticsDeprescribe B-blockers and avoid ACEi/ARBLVAD not suitable for most patientsHeart transplant for selected cases
Thromboembolism	<ul style="list-style-type: none">High risk, commonAnticoagulate if AF; consider in selected cases of SRAnticoagulate independent of CHA₂DS₂-VASc^a score
Atrial fibrillation	<ul style="list-style-type: none">Amiodarone is the preferred AAUse of digoxin with cautionElectrical CV has significant risk of complications and AF recurrence is frequent; exclude thrombi beforehandData are scarce and controversial for AF ablation
Conduction disorders	<ul style="list-style-type: none">PPM, according to standard indicationsIf high paced burden is expected, consider CRT
Ventricular arrhythmias	<ul style="list-style-type: none">ICD for secondary prevention; not recommended in primary preventionTransvenous ICD preferred over subcutaneous

2021 ESC position statement for the diagnosis and treatment of cardiac amyloidosis is publicly available and can be accessed here <https://onlinelibrary.wiley.com/doi/10.1002/ejhf.2140>

^aCongestive heart failure, hypertension, age ≥75, diabetes, stroke, vascular disease, age 65-74, sex category.

6MWD, 6-min walking distance; AA, antiarrhythmic; ACEi, angiotensin-converting enzyme inhibitor; AF, atrial fibrillation; ARB, angiotensin receptor blocker; AS, aortic stenosis; ATTR, transthyretin amyloidosis; AV, atrioventricular; CMR, cardiac magnetic resonance; CRT, cardiac resynchronization therapy; CV, cardioversion; ECG, electrocardiogram; ESC, European Society of Cardiology; ICD, implantable cardioverter-defibrillator; LVAD, left ventricular assist device; KCCQ, Kansas City Cardiomyopathy Questionnaire; NT-proBNP, N-terminal pro B-type natriuretic peptide; PPM, permanent pacemaker; SR, sinus rhythm; TAVR, transcatheter aortic valve replacement; wtATTR, wild-type ATTR.

1. Garcia-Pavia et al. Eur J Heart Fail. 2021;23(4):512-26.