ATTR-CM is a life-threatening, progressive, infiltrative, rare disease that can often be overlooked as a cause of heart failure[1]

ATTR-CM can manifest in a wide range of clinical clues, both cardiac and noncardiac[1]*

Cardiac

- HFpEF
- Intolerance to standard HF therapies (e.g., ACE inhibitors, angiotensin receptor blockers [ARBs], and beta blockers)
- Low QRS voltage relative to LV mass
- Echocardiography showing increased LV wall thickness ≥12 mm[2]
- Aortic stenosis
- Cardiac arrhythmias (e.g., atrial fibrillation)

Noncardiac

- Carpal tunnel syndrome
- Lumbar spinal stenosis
- Gastrointestinal complaints
- Peripheral and autonomic nervous system dysfunction

Echocardiography can help uncover ATTR-CM in your institution[3]

Expert organizations including the American Society of Nuclear Cardiology (ASNC), the American Heart Association (AHA), the American Society of Echocardiography (ASE), and others recommend using echocardiograms in conjunction with other imaging modalities to diagnose ATTR-CM non-invasively[3†]:

> **"Echocardiography has the advantage of portability, bedside availability, conspicuous presence, and superior diastolic function assessment. Thus, while echocardiography is not sufficient by itself to make the diagnosis of cardiac amyloidosis, it is an essential part of the diagnostic evaluation and ongoing management of patients with this disorder."**
>
> —Expert Consensus Recommendations[3]

ACE=angiotensin-converting enzyme; ATTR-CM=transthyretin amyloid cardiomyopathy; HF=heart failure; HFpEF=heart failure with preserved ejection fraction; LV=left ventricular.

*These lists are not exhaustive.

†The consensus report was written by experts in cardiovascular imaging and amyloidosis assembled by the American Society of Nuclear Cardiology and endorsed by 8 societies including the American College of Cardiology, American Heart Association, American Society of Echocardiography, European Association of Nuclear Medicine, Heart Failure Society of America, International Society of Amyloidosis, Society of Cardiovascular Magnetic Resonance, and Society of Nuclear Medicine and Molecular Imaging.[3]

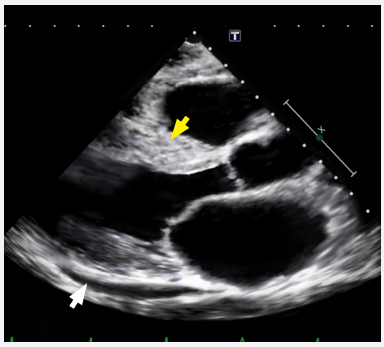
Prioritize suspicion and detection of cardiac amyloidosis to help ensure proper management of patients with ATTR-CM

Multisocietal, expert consensus recommendations for the role of echo when cardiac amyloidosis (including ATTR-CM) is suspected[3]

- Perform comprehensive 2D echo, including quantitative TDI and STE, in all patients with unexplained LV wall thickening and a clinical suspicion of cardiac amyloidosis
- Any echocardiographic abnormalities suggestive of cardiac amyloidosis should prompt further evaluation
- Combine echocardiographic parameters with electrocardiographic, clinical, biomarker, and other imaging findings to maximize diagnostic accuracy

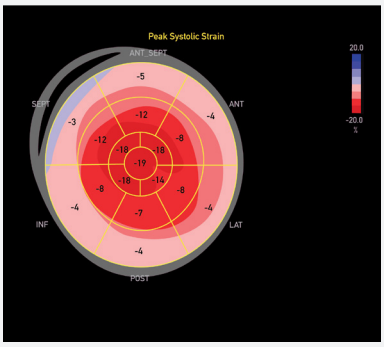
Certain echocardiographic features suggestive of cardiac amyloidosis that may warrant further evaluation[3]:

LV wall thickness ≥12 mm[2,3]



- **Increased LV wall thickness** - yellow arrow - (>1.2 cm) and increased relative wall thickness (>0.42 cm)
- **Pericardial effusion** - white arrow

Reduction in longitudinal strain with apical sparing[3]



- **Thickening of interatrial septum and valves** - yellow and white arrows (>0.5 cm)

Illustrative representation.

Talk to your Pfizer account team about ways to improve identification and management of patients with ATTR-CM

STE=speckle-tracking echocardiography; TDI=tissue doppler imaging.

References: 1. Witteles RM, Bokhari S, Damy T, et al. Screening for transthyretin amyloid cardiomyopathy in everyday practice. *JACC Heart Fail*. 2019;7(8):709-716. **2.** Garcia-Pavia P, Rapezzi C, Adler Y, et al. Diagnosis and treatment of cardiac amyloidosis. A position statement of the European Society of Cardiology Working Group on Myocardial and Pericardial Diseases. *Eur J Heart Fail*. 2021;23(4):512-526. **3.** Dorbala S, Ando Y, Bokhari S, et al. ASNC/AHA/ASE/EANM/HFSA/ISA/SCMR/SNMMI expert consensus recommendations for multimodality imaging in cardiac amyloidosis: part 1 of 2—evidence base and standardized methods of imaging. *Circ Cardiovasc Imaging*. 2021;14(7):e000029.

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