



The Rescue: Treating Confirmed ATTR CLINICAL COMPANION TOOL

Key Concepts for Treatment

- Treatment combines supportive care for cardiac amyloidosis (CA), often in conjunction with other medical specialties to manage extracardiac manifestations, and disease-modifying/targeted therapies that are approved or in clinical trials¹
- A multidisciplinary team and network approach to care ensures the best outcomes for patients
- Tafamidis is an FDA-approved transthyretin stabilizer to treat ATTR-CM
- The treatment paradigm is shifting from reduction to removal of amyloid deposits
- Several therapies are in development, including antibodies that can remove amyloid deposits, and your patient may benefit from participation in a clinical trial
- Earlier treatment initiation, combined with appropriate patient selection and expectations, ensures better outcomes

Cardiac Amyloidosis

Targets of therapy

	Block Protein Synthesis	Stabilize Tetramer	Remove Fibrils
Mechanism of Action	<ul style="list-style-type: none"> • Gene silencing using small interfering RNA (siRNA) or antisense oligonucleotides • Gene editing using CRISPR Cas 9 	Stabilizes the tetramer, thereby reducing the availability of monomers for amyloidogenesis	Antibody-mediated phagocytosis removes ATTR amyloid deposits
Therapies: Approved and In Development	<p>siRNA</p> <ul style="list-style-type: none"> • Patisiran*² • Vutrisiran*³ <p>Antisense</p> <ul style="list-style-type: none"> • Inotersen*⁴ • Eplontersen*⁵ <p>CRISPR Cas 9</p> <ul style="list-style-type: none"> • NTLA-2001⁶ 	<ul style="list-style-type: none"> • Tafamidis**⁷ • Diflusinal⁸ • Acoramidis⁶ 	<ul style="list-style-type: none"> • NNC6019¹⁰ • NI1006 (ALXN2220)^{11,12} • AT-02¹³

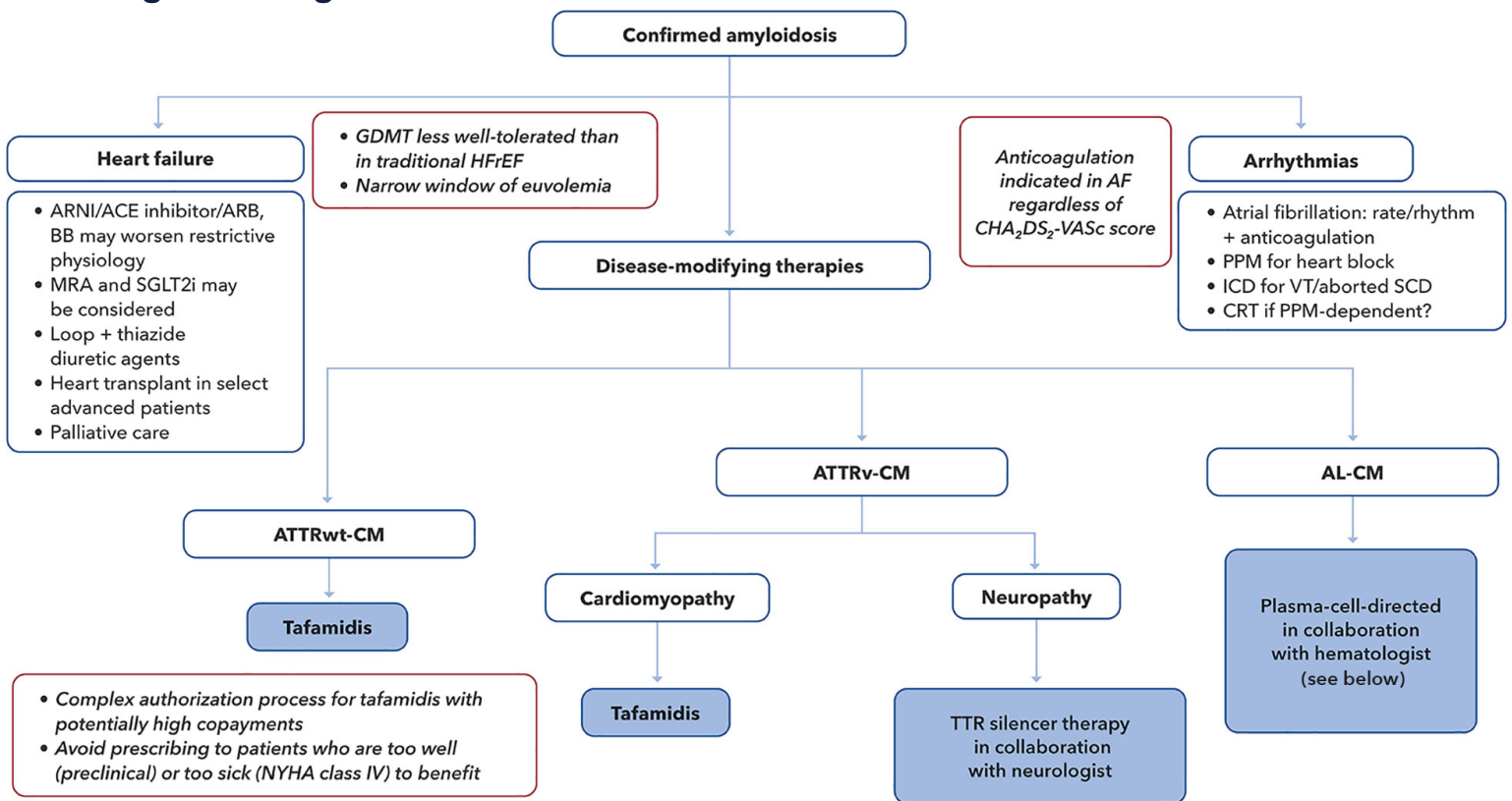
*FDA-approved for ATTR-PN; **FDA-approved for ATTR-CM

Current as of Jan. 24, 2024



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Management algorithm¹



AF, atrial fibrillation; ARNI/ACE inhibitor/ARB, renin-angiotensin system inhibitors; AL-CM, amyloid monoclonal immunoglobulin light chain; ATTR, amyloid transthyretin; ATTRv-CM, variant transthyretin amyloid cardiomyopathy; ATTRwt-CM, wild-type transthyretin amyloid cardiomyopathy; BB, beta-blocker; CRT, cardiac resynchronization therapy; HFrEF, heart failure with reduced ejection fraction; GDMT, guideline-directed medical therapy; ICD, implantable cardioverter-defibrillator; MRA, mineralocorticoid receptor antagonists; NYHA, New York Heart Association; PPM, permanent pacemaker; SCD, sudden cardiac death; SGLT2i, sodium glucose cotransporter 2 inhibitor; TTR, transthyretin; VT, ventricular tachycardia.



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AL Amyloidosis

Light chain amyloidosis (AL) most commonly results from clonal plasma cell disorder and, therefore, treatments include chemotherapy and immunotherapy agents similar to those used for myeloma.

Targets of therapy^{14,15}

Therapies approved and in development:

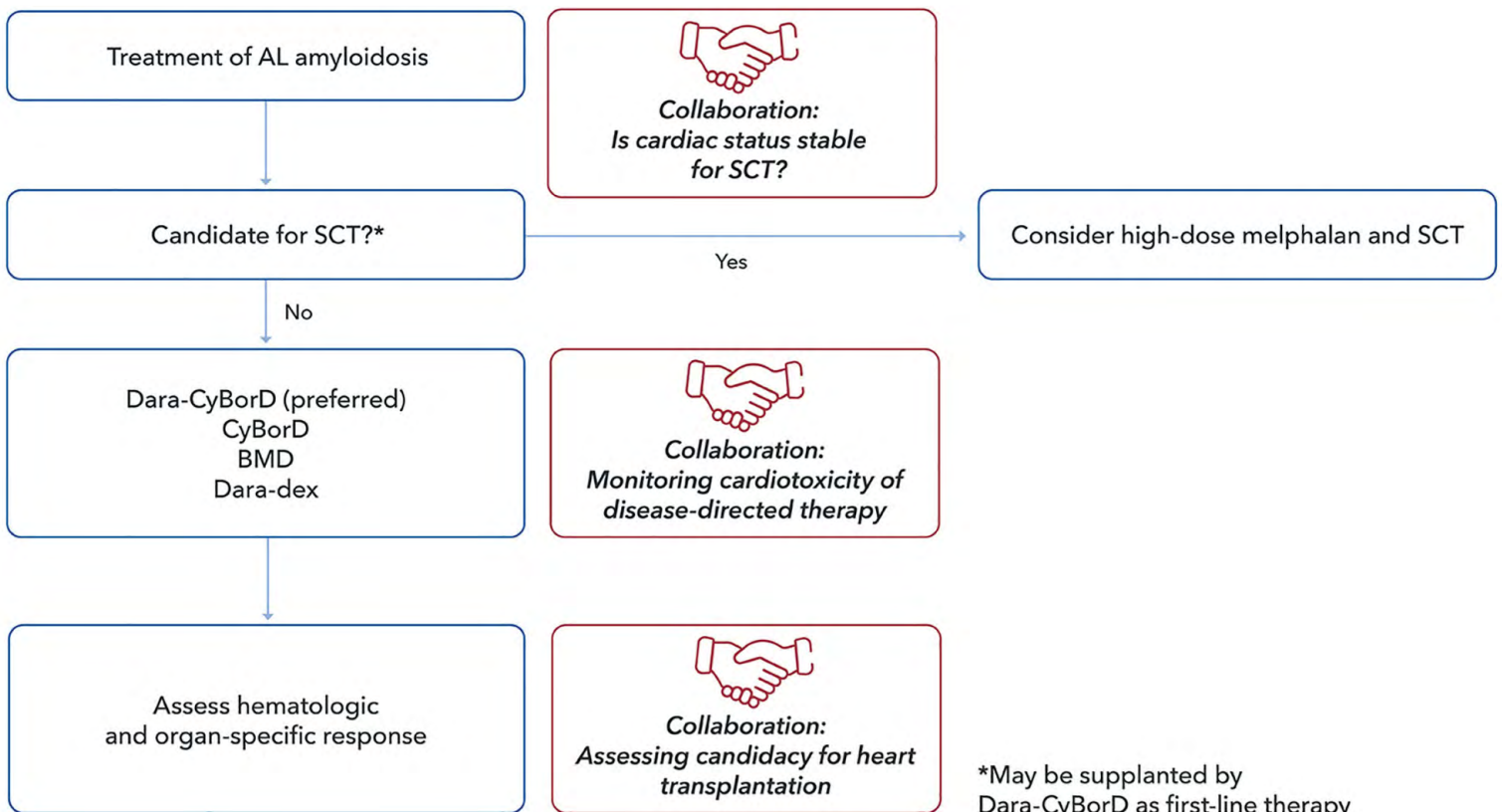
Reduction in Light Chain Production		Inhibition of Amyloid Fibril Formation	Removal of Light Chain Amyloid Deposits
<ul style="list-style-type: none"> • Bortezomib • Carfilzomib • Daratumumab • Elotuzumab • Isatuximab 	<ul style="list-style-type: none"> • Ixazomib • Lenalidomide • Pomalidomide • Venetoclax 	<ul style="list-style-type: none"> • Doxycycline 	<ul style="list-style-type: none"> Anti-fibril antibodies • Anselamimab (CAEL-101) • Birtamimab

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AL, light-chain amyloidosis; BMD, bortezomib-melphalan-dexamethasone; CyBorD, cyclophosphamide, bortezomib, and dexamethasone; Dara, daratumumab; dex, dexamethasone; SCT, stem cell transplantation

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