




1

**Cardiac Amyloidosis:
From Heart Failure to Heart Success**

Siu-Hin Wan, MD, FACC, FAHA, FHSA
Director of Heart Failure, United Hospital
Allina Health Minneapolis Heart Institute



The logo for Allina Health Minneapolis Heart Institute, featuring a stylized white icon of a person with arms raised above the text "Allina Health" and "MINNEAPOLIS HEART INSTITUTE" in a smaller font.

2

Disclosures

- No disclosures

3

Objectives

- 1. Describe the pathophysiology of cardiac amyloidosis
- 2. Summarize the diagnostic workup and imaging features of cardiac amyloidosis
- 3. Determine prognosis and treatment for cardiac amyloidosis

4

Case

- 50 year old African American man
- Worsening exertional dyspnea for 2 months, PAF, carpal tunnel, no Fam Hx
- Exam: JVD, bibasilar crackles, and 2+ pitting bilateral lower extremity edema
- EKG: low voltage limb leads
- Echo: LVEF 55%, grade 2 DD, concentric hypertrophy, thick valves and thick RV free wall, strain with apical sparing
- cMRI: diffuse subendocardial late gad enhancement
- SPEP/UPEP, free light chains, immunofixation: normal kappa/lambda ratio, no monoclonal protein spike, elevated NTproBNP and troponin
- PYP: 3+ visual score
- Genetics: Val122Ile ATTRm

AllinaHealth  MINNEAPOLIS HEART INSTITUTE

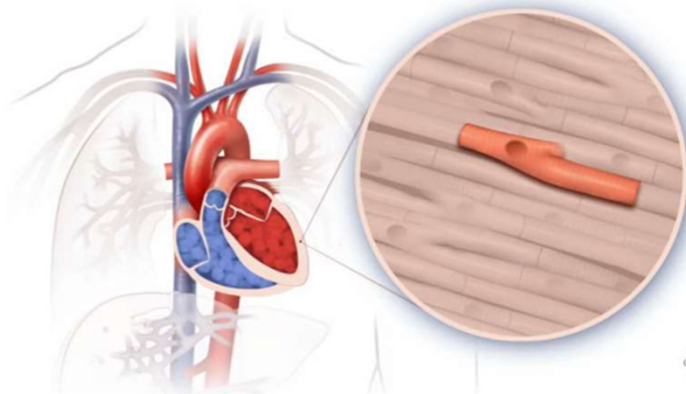
5

5

Amyloidosis and the Heart

Definition

- Amyloidosis
 - Extracellular deposition of serum protein fibrils
 - Beta-pleated sheets
 - Deposits in a variety of organs
 - Cardiac
 - Kidney
 - Liver
 - Nervous system



AllinaHealth  MINNEAPOLIS HEART INSTITUTE

Courtesy: Dr. Martha Grogan

6

6



Amyloidosis and the Heart

Cardiac Amyloidosis

- Types of Cardiac Amyloidosis
 - Light chain (AL)
 - Transthyretin (ATTR)
 - Hereditary (ATTRh/m/v)
 - Wild type (ATTRwt)

Amyloidosis

Two Main Types

AL*		Light Chain Amyloid Protein Factory Plasma Cells in Bone Marrow
ATTR*		Transthyretin Amyloid Protein Factory Liver ATTRv (hereditary) variant -unstable ATTRwt (wild type*) no mutation *previously known as Senile

*Nomenclature: A = amyloid X = precursor protein; AL = light chain; ATTR = transthyretin

AllinaHealth MINNEAPOLIS HEART INSTITUTE Courtesy: Dr. Martha Grogan 7

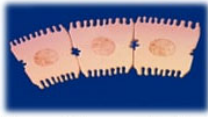
7

Amyloidosis and the Heart

TTR amyloid

- Transthyretin
 - Produced in liver
 - Transports thyroid hormone
- TTR Amyloid
 - Liver produces TTR, but then breaks apart and monomers form misfolded amyloid and deposit in end organs


TTR Amyloid Treatment Options




Liver – Stop production*

RNA interfering therapy
Inotersen ¹,
Patisiran ¹

CRISPR -DNA – gene editing
NTLA-2001⁴



Stabilize protein
Transthyretin stabilizers
Tafamidis²
Diffunisal³
AG10⁴



Fibril disrupter
Amyloid disrupters
Doxycycline +TUDCA
Monoclonal antibody
(PRX0004,
N1006⁴)

¹ FDA approved, ATTRm neuropathy ²FDA approved for ATTR-cardiac
³ RCT data-neuropathy ⁴Clinical trials

AllinaHealth MINNEAPOLIS HEART INSTITUTE Courtesy: Dr. Martha Grogan 8

8

Amyloidosis and the Heart

Epidemiology

- Age of onset
 - AL
 - Age \geq 40 years
 - ATTR
 - Age \geq 70 years
- Cardiac symptoms
 - Dyspnea
 - Lower extremity edema
 - Hepatic congestion
 - Syncope

9

Amyloidosis and the Heart

Complications

- Heart failure with preserved ejection fraction
- Arrhythmias
 - Bradycardia and sinus node dysfunction
 - AV block
 - Ventricular arrhythmias
- Thromboembolism
- Aortic stenosis

10

Amyloidosis and the Heart

Extra cardiac involvement

AL amyloidosis

- Kidney
 - Proteinuria, nephrotic syndrome
- Peripheral neuropathy
- Carpal tunnel syndrome
- Gastrointestinal
 - GI bleeding
- Macroglossia
- Periorbital purpura

Wan, SH; Gertz, MA; Grogan, M. Periorbital Purpura, Macroglossia, Vessel Fragility, and Restrictive Cardiomyopathy: A Case of Amyloid Heart Disease. Presented at: Asia Pacific Congenital & Structural Heart Intervention Symposium. Hong Kong, China, September 23-25, 2016.

11

Amyloidosis and the Heart

Diagnosis

EKG

Low Voltage



12

Heart Failure and Cardiomyopathies

Cardiac Amyloidosis

Restrictive Cardiomyopathies

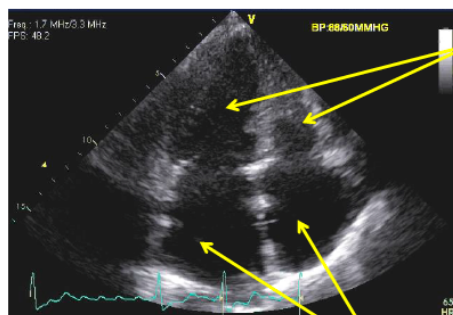
- Primary
 - Idiopathic
- Secondary
 - Infiltrative cardiomyopathies
 - Amyloidosis
 - Sarcoidosis
 - Hemochromatosis
 - Storage diseases (eg Fabry)
 - Cancer
 - Radiation

13

Echocardiography

Features of Restrictive Cardiomyopathies

Echocardiographic features of RCM



Normal RV/LV EF and volumes

Increased LV wall thickness seen infiltrative processes

Bi-atrial enlargement
LA volume index (>50 mL/m²)



Vaitkus PT, et al. Am Heart J 1991;122:1431-41.

14

Echocardiography

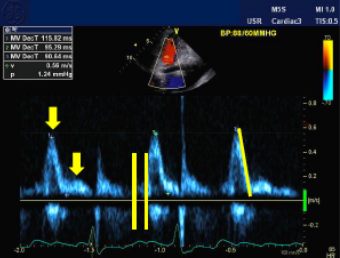
Features of Restrictive Cardiomyopathies

Predominant early diastolic filling

Decreased atrial filling

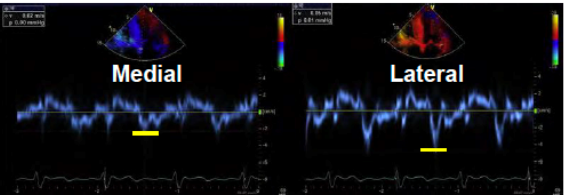
Decel. time (< 150 msec)

IVRT (< 50 msec)



Decreased septal and lateral e'

E/e' ratio >14



Nagueh SF, et al. *J Am Soc Echocardiogr* 2018;29:277-314. Ha JW, et al. *Am J Cardiol* 2004;94:316-

AllinaHealth MINNEAPOLIS HEART INSTITUTE
15


15

Echocardiography

Features of Cardiac Amyloidosis

Echocardiographic findings

- Biventricular thickening
 - >12mm for LV wall
- Myocardium speckling appearance
- Dilated atria
- Interatrial septal thickening
- Valvular thickening
- Right sided heart failure
 - Dilated IVC
- Pericardial effusion



Amyloidosis

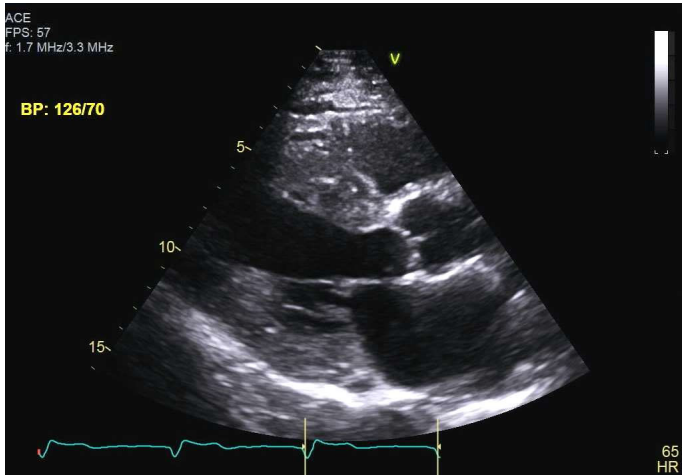
AllinaHealth MINNEAPOLIS HEART INSTITUTE
Courtesy: American College of Cardiology
Dr. Samuel Unzek

16

16

Echocardiography

Features of Cardiac Amyloidosis



AllinaHealth MINNEAPOLIS HEART INSTITUTE

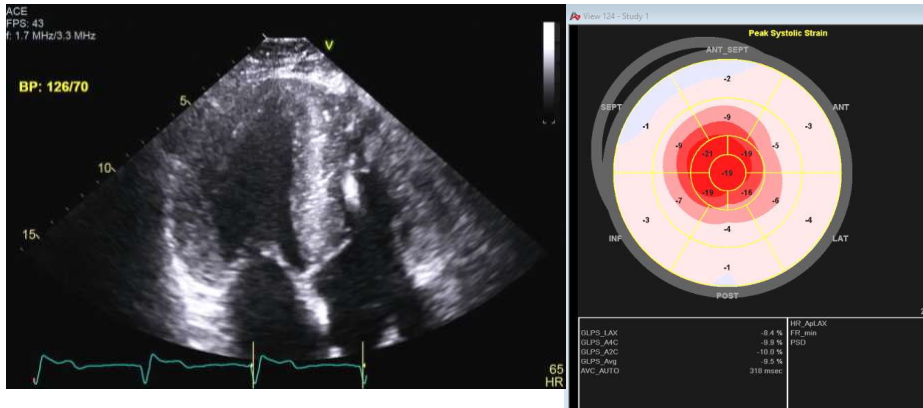
Courtesy: Dr. Martha Grogan



17

Echocardiography

Features of Cardiac Amyloidosis



AllinaHealth MINNEAPOLIS HEART INSTITUTE

Courtesy: Dr. Martha Grogan




18

Labs

Cardiac Amyloidosis

Elevated levels
Troponin
BNP or NTproBNP

AllinaHealth  MINNEAPOLIS HEART INSTITUTE

19

19


Screening for Cardiac Amyloidosis

European Society of Cardiology

Left Ventricular Wall Thickness ≥ 12 mm + ≥ 1 of

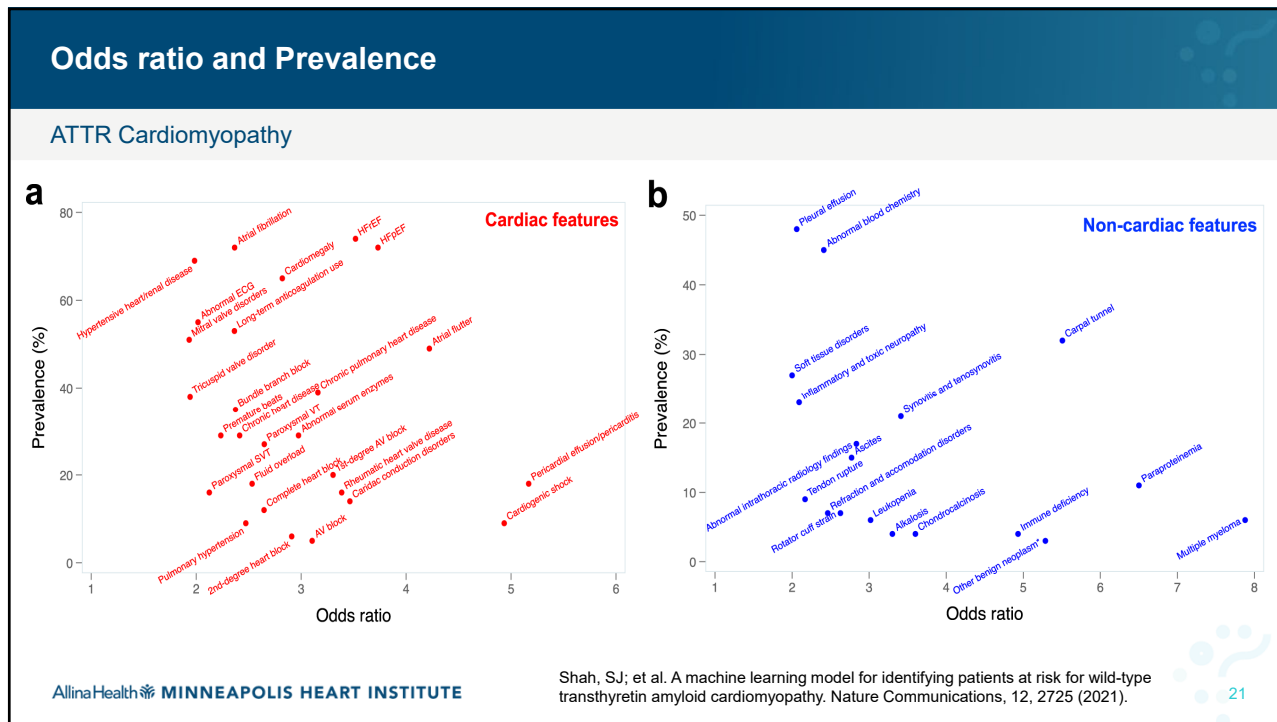
- Heart failure in ≥ 65 years
- Aortic stenosis in ≥ 65 years
- Hypotension or normotensive if previously hypertensive
- Sensory involvement, autonomic dysfunction
- Peripheral polyneuropathy
- Proteinuria
- Skin bruising
- Bilateral carpal tunnel syndrome
- Ruptured biceps tendon
- Subendocardial/transmural LGE or increased ECV
- Reduced longitudinal strain with apical sparing
- Decreased QRS voltage to mass ratio
- Pseudo Q waves on ECG
- AV conduction disease
- Possible family history

Garcia-Pavia, P; et al. Diagnosis and treatment of cardiac amyloidosis: a position statement of the ESC Working Group on Myocardial and Pericardial Diseases. EHJ, 42, 16, 21 Apr 2021.

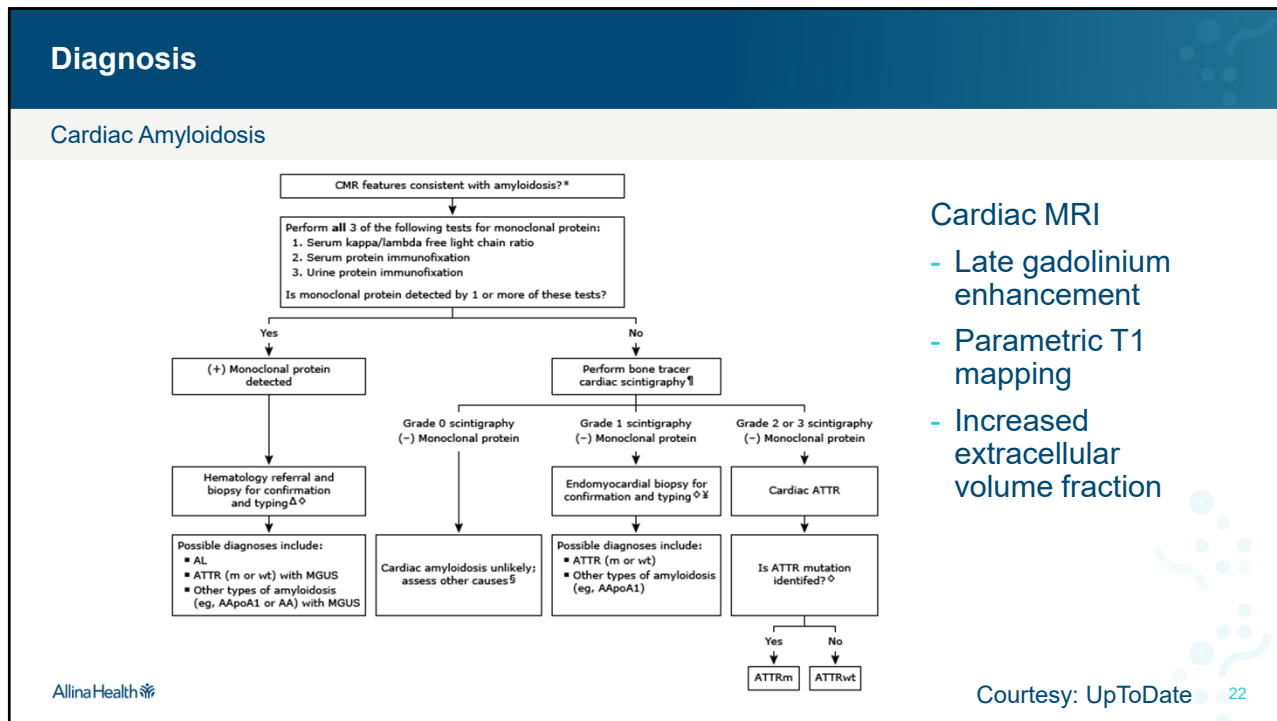
AllinaHealth  MINNEAPOLIS HEART INSTITUTE

20

20



21

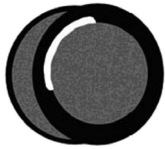
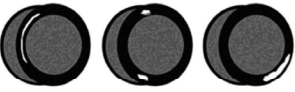
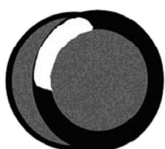
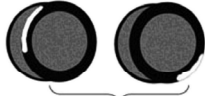



22

Diagnosis

Cardiac Amyloidosis

HYPERENHANCEMENT PATTERNS

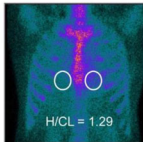
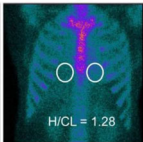
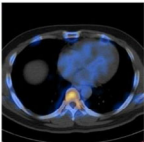
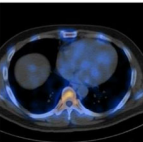
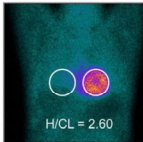
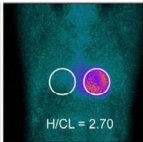
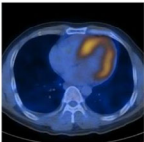
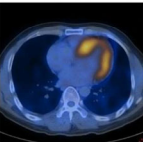
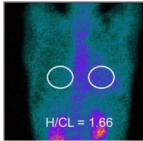
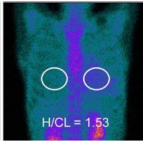
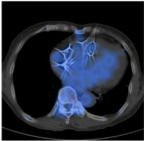
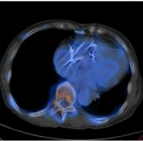
<u>Ischemic</u>	<u>Nonischemic</u>
<p>A. Subendocardial Infarct</p> 	<p>A. Mid-wall HE</p>  <ul style="list-style-type: none"> • Idiopathic Dilated Cardiomyopathy • Hypertrophic Cardiomyopathy • Sarcoidosis • Myocarditis • Right ventricular pressure overload (e.g. congenital heart disease, pulmonary HTN) • Myocarditis • Anderson-Fabry • Chagas Disease
<p>B. Transmural Infarct</p> 	<p>B. Epicardial HE</p>  <ul style="list-style-type: none"> • Sarcoidosis, Myocarditis, Anderson-Fabry, Chagas Disease
	<p>C. Global Endocardial HE</p>  <ul style="list-style-type: none"> • Amyloidosis, Systemic Sclerosis, Post cardiac transplantation

AllinaHealth MINNEAPOLIS HEART INSTITUTE Edelman et al. *Clinical Magnetic Resonance Imaging*. NY: 2005. 23

23

Diagnosis

Cardiac Amyloidosis

	1-hour planar	3-hour planar	1-hour SPECT	3-hour SPECT	
a					<p style="color: #0056b3; font-weight: bold;">PYP scan</p> <p>H/CL ratio ≥ 1.5 on a 1-h image</p> <p>H/CL ratio ≥ 1.3 on a 3-h image</p>
b					
c					

AllinaHealth MINNEAPOLIS HEART INSTITUTE American College of Cardiology 24

24

Prognosis

Cardiac Amyloidosis

prognostic information in cardiac amyloidosis

Anatomic	Doppler	Strain
LV wall thickness	Restrictive filling	Peak LS of the basal anteroseptal seg $\geq -7.5\%$
Ejection fraction	Myocardial performance index	Mean LV basal strain
Right ventricular size and function	Abnormal ejection time >240 ms	Reduced global longitudinal strain
Increased left atrial size	Short deceleration time (≤ 150 msec) + E/A ratio of >2 .	Abnormal right ventricular strain $<17\%$
Rapid progression of increased LV wall thickness	Stroke volume index	Apical LS $>-14.5\%$
	TAPSE <16	RRSR ≥ 1.19
	Low MAPSE	LSR _{dias} < 0.85 S ⁻¹

AllinaHealth MINNEAPOLIS HEART INSTITUTE
Courtesy: Dr. Samuel Unzek

25

Amyloidosis and the Heart

Diagnosis (TTR cardiac amyloidosis)

AllinaHealth MINNEAPOLIS HEART INSTITUTE
Maurer, MS, et al. Expert Consensus Recommendations for the Suspicion and Diagnosis of Transthyretin Cardiac Amyloidosis. *Circulation Heart Failure*, 2019; 12:e0060775.

26

Prognosis

Cardiac Amyloidosis

- ATTRwt
 - Median survival 3-5 years
- ATTRh
 - Median survival 4-5 years
- AL
 - Median survival 6 months
 - Improves to 5-6 years with treatment

27

Treatment

Cardiac Amyloidosis

TTR Amyloid Treatment Options



Liver – Stop production*

RNA
interfering therapy
Inotersen¹,
Patisiran¹

CRISPR -DNA – gene editing
NTLA-2001⁴



Stabilize protein

Transthyretin stabilizers
Tafamidis²
Diflunisal³
AG10⁴



Fibril disrupter
Amyloid disrupters
Doxycycline +TUDCA
Monoclonal antibody
(PRX0004,
N1006⁴)

¹ FDA approved, ATTRm neuropathy ² FDA approved for ATTR-cardiac
³ RCT data-neuropathy ⁴ Clinical trials

28

Tafamidis

Cardiac Amyloidosis

The NEW ENGLAND
JOURNAL of MEDICINE

ESTABLISHED IN 1812 SEPTEMBER 13, 2018 VOL. 379 NO. 11

Tafamidis Treatment for Patients with Transthyretin Amyloid Cardiomyopathy

Mathew S. Maurer, M.D., Jeffrey H. Schwartz, Ph.D., Balaram Gundapaneni, M.S., Perry M. Elliott, M.D., Giampaolo Merlini, M.D., Ph.D., Marcia Waddington Cruz, M.D., Ann V. Kristen, M.D., Martha Grogan, M.D., Ronald Witteles, M.D., Thibaud Damy, M.D., Ph.D., Brian M. Drachman, M.D., Sanjiv J. Shah, M.D., Mazen Hanna, M.D., Daniel P. Judge, M.D., Alexandra J. Barsdorf, Ph.D., Peter Huber, R.Ph., Terrell A. Patterson, Ph.D., Steven Riley, Pharm.D., Ph.D., Jennifer Schumacher, Ph.D., Michelle Stewart, Ph.D., Maria B. Sultan, M.D., M.B.A., and Claudio Rapezzi, M.D., for the ATTRACT Study Investigators*

Analysis of All-Cause Mortality

Months since First Dose	Pooled tafamidis (Survival)	Placebo (Survival)
0	1.00	1.00
3	0.98	0.98
6	0.95	0.95
9	0.92	0.92
12	0.90	0.90
15	0.85	0.85
18	0.82	0.80
21	0.78	0.75
24	0.75	0.70
27	0.72	0.65
30	0.70	0.60
33	0.68	0.55

Hazard ratio, 0.70 (95% CI, 0.51–0.96)

AllinaHealth MINNEAPOLIS HEART INSTITUTE

29

29

Treatment

Cardiac Amyloidosis

- Heart failure with preserved ejection fraction
 - Spironolactone
 - Avoid beta blockers (heart rate dependent)
 - Avoid ACEI/ARB (orthostatic hypotension)
- Arrhythmias
 - Atrial fibrillation
 - Unclear if ICD beneficial
- Thromboembolism
- Aortic stenosis
- Heart and Liver Transplantation
 - ATTRm
- Neuropathy in hTTR
 - Patisiran, Vutrisiran, Inotersen, Eplontersen
- AL: chemotherapy (CyBorD), stem cell transplant

AllinaHealth MINNEAPOLIS HEART INSTITUTE

30

30

Case

- 50 year old African American man
- Worsening exertional dyspnea for 2 months, PAF, carpal tunnel, no FamHx
- Exam: JVD, bibasilar crackles, and 2+ pitting bilateral lower extremity edema
- EKG: low voltage limb leads
- Echo: LVEF 55%, grade 2 DD, concentric hypertrophy, thick valves and thick RV free wall, strain with apical sparing
- cMRI: diffuse subendocardial late gad enhancement
- SPEP/UPEP, free light chains, immunofixation: normal kappa/lambda ratio, no monoclonal protein spike, elevated NTproBNP and troponin
- PYP: 3+ visual score
- Genetics: Val122Ile ATTRm

AllinaHealth  MINNEAPOLIS HEART INSTITUTE

31

31

Objectives

1. Describe the pathophysiology of cardiac amyloidosis
2. Summarize the diagnostic workup and imaging features of cardiac amyloidosis
3. Determine prognosis and treatment for cardiac amyloidosis

AllinaHealth  MINNEAPOLIS HEART INSTITUTE

32

32

Thank you

Siu-Hin Wan, MD, FACC, FAHA, FHFSA
siu-hin.wan@allina.com

Allina Health  MINNEAPOLIS HEART INSTITUTE

33