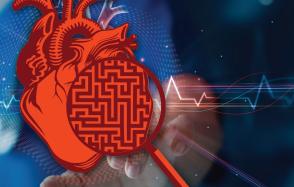


# **ATTR-CM NEWS-BEAT**





#### How To SUSPECT ATTR-CM?<sup>1-3</sup>

The diagnosis of ATTR-CM is often delayed or missed, but there are "HIDDEN" clues along the diagnosis pathway that can raise you suspicion of Cardiac Amyloidosis and ATTR-CM.

#### Consider the following clinical clues, especially in combination, to raise your suspicion of ATTR-CM:



Heart Failure along with LV wall thickness ≥12mm at echocardiography in patients typically over 65 years old



ntolerance to ACEi, ARBs or β-blockers\*



**DISCORDANCE** between QRS voltage on ECG and LV wall thickness on Echocardiography



Diagnosis of orthopedic diseases such as Carpal Tunnel Syndrome and Biceps Tendon Rupture, Lumbar Stenosis and/or hip and knee arthroplasty



Echocardiography showing increased LV wall Thickness



Nervous System Dysfunction including polyneuropathy and dysautonomia

\*ACEi: Angiotensin-Converting Enzyme inhibitor; ARB: Angiotensin-Receptor Blocker

### **Laboratory Clues**<sup>1,4-5</sup>

Serum Troponin levels are often persistently mildly elevated

N-terminal pro-B-type natriuretic (NT-proBNP) peptide is also nearly always elevated, often **disproportionately** for the degree of Heart failure

## ATTR-CM suspicion begins with Echocardiography -How to increase suspicion for ATTR CM during a routine ECHO study?

Watch the highlights of the interview with prof. Shemy Carasso, Head, Non-invasive cardiology and cardiomyopathy clinic, Chair, Israel heart society workgroup for echocardiography, Shaare Zedek, Integrated heart Center, Jerusalem



Stay tuned for our upcoming "Key steps to achieving a confirmed diagnosis of ATTR-CM" Newsletter!

Please reach out if you have any questions or would like to discuss further.

Thank you for taking time to review this information.

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