



How To SUSPECT ATTR-CM?¹⁻³

The diagnosis of ATTR-CM is often delayed or missed, but there are **"HIDDEN" clues** along the diagnosis pathway that can raise your 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 $\geq 12\text{mm}$ at echocardiography in patients typically over 65 years old



Intolerance 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^{1,4-5}

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



עמילואידוזיס: מחשד לפיצוח
שיח מקצועי, תובנות בגילוי לב





החשד לעמילואידוזיס לבבי
מתחיל באקו
פרופ' שמי קרסו
מנהל היחידה לקרדיולוגיה בלתי פולשנית
י"ר החוג הישראלי לאקוקרדיוגרפיה
המרכז הרפואי שערי צדק

מראינת: אנסטסיה קבוקובסקי
יועצת רפואית, מחלקת מחלות נדירות, פייזר ישראל

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

Thank you for taking time to review this information.
Please reach out if you have any questions or would like to discuss further.

Ronnie Segev, DVM, Medical Affairs Scientist
Ronnie.Segev@pfizer.com
+972-54-5844854

Yoav Shetzer, PhD, Medical Affairs Scientist
yoav.shetzer@pfizer.com
+972-50-7628727

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