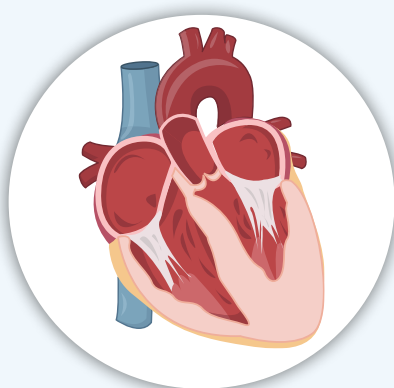


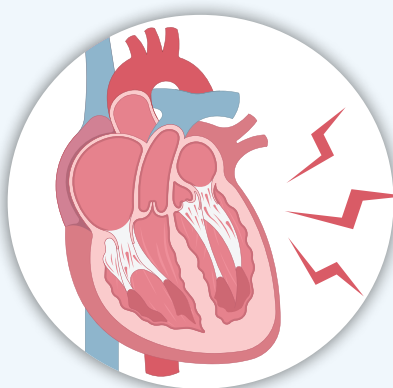
How common is ATTR-CM in Aortic Stenosis and how does it impact on management?

Prevalence of ATTR-CM in screening studies^{1,2}

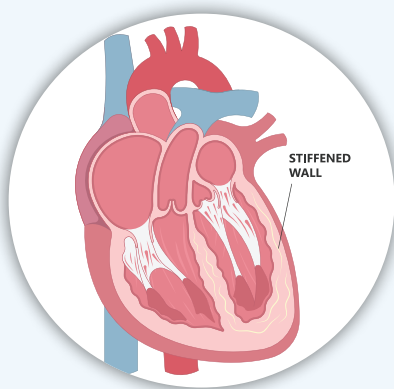
Transthyretin Amyloid Cardiomyopathy (ATTR-CM) was previously thought to be a rare condition, but Recent results indicate that ATTR prevalence may be significant in some patient populations, such as:



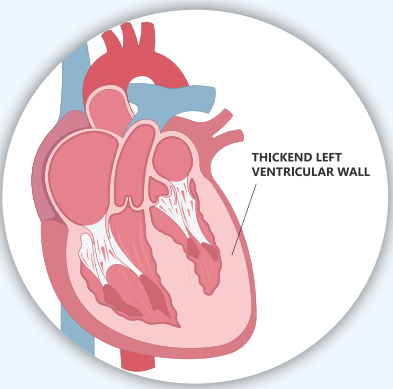
left ventricular hypertrophy (LVH)



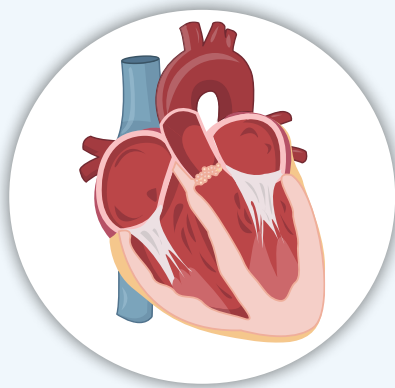
heart failure with preserved ejection fraction (HFpEF)



Restrictive Cardiomyopathy



Hypertrophic phenotype



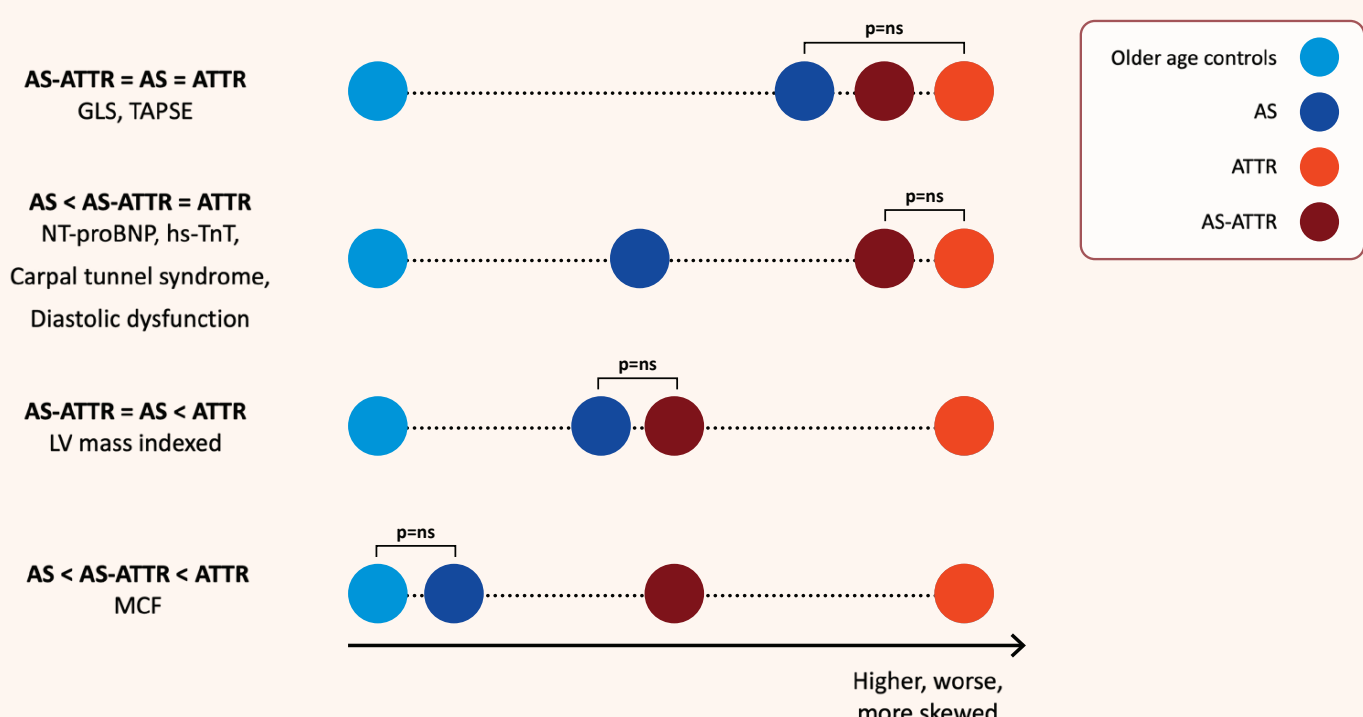
up to **16%** of patients with **severe Aortic Stenosis (AS)** who are referred for **Transcatheter Aortic Valve Implantation (TAVI)**

indicating the prevalence of AS-CA as a common clinical entity²

Clinical Phenotype of AS-CA

In one study, AS-CA patients were found have worse functional capacity, a significantly higher biomarkers (NT-proBNP and Troponin), worse cardiac remodeling with greater LV hypertrophy and worse diastolic dysfunction as compared to lone AS patients³.

A different study compared AS-ATTR with lone AS, lone ATTR and age-matched controls. AS-ATTR patients were found to have increased myocardial stress and damage with NT-proBNP and High Sensitive Troponin T (hsTnT) levels similar to patients with ATTR, restrictive diastology closely resembles ATTR and impaired systolic longitudinal function similar to AS and ATTR patients⁴.



Efficacy and safety of TAVI in patients with AS-CA^{2,3}

AS-CA patients show a trend towards higher all-cause mortality at 1 year than AS patients, if left untreated.

Efficacy

TAVI vs. medical therapy in AS-CA patients



Mortality

18.2% vs. 55.6%

OR 0.23, 95% CI 0.07–0.73; P = 0.001

NNT = 3



Safety

TAVI in patients with AS-CA or AS alone



Mortality

28.6% vs. 23.9%

OR 1.11, 95% CI 0.67–1.85; P = 0.687



HF or CV hospitalizations

21.4% vs. 14.1%

OR 1.45, 95% CI 0.77–2.73; P = 0.251



Permanent PM implantation

16.1% vs. 8.9%

OR 1.76, 95% CI 0.91–4.09; P = 0.085

Conclusions

- ATTR-CM is common among elderly patients with severe AS referred to TAVI¹.
- Dual pathology of AS-CA conferred overall worse disease as compared with lone AS by functional capacity, biomarkers and diastolic dysfunction^{3,4}.
- TAVI reduces mortality in patients with AS-CA as compared to medical treatment and should not be withheld among such patients².

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