

THE BELGIAN ROADMAP FOR SUCCESS

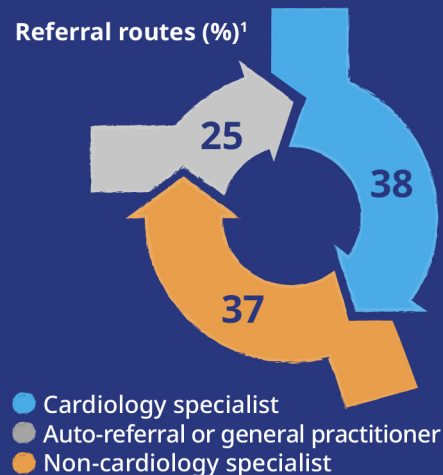
Working together to elevate diagnosis rates for patients with ATTR-CM

Diagnosis and referral routes in a Belgian tertiary referral center

Over the last **10 years** a **tertiary referral center in Bruges** has seen a dramatic increase in ATTR amyloidosis diagnosis related to **increased disease awareness** amongst cardiologists and the opportunity for **non-biopsy-based diagnosis using cardiac scintigraphy**: An **8-fold increase** in diagnosis was seen between 2014 (n=4) and 2019 (n=32). Definite CA diagnosis was based on EMB and/or non-biopsy diagnostic criteria¹



Over an **8.4 year** period, **139 patients** have been diagnosed with **CA**, **114** of which had **ATTR-CM**¹



Belgium's steps for success:

Multidisciplinary collaboration



Disease awareness across specialties



Rapid access to every diagnostic modality

Differential diagnosis and AL-CM exclusion warrants specialist collaboration

ATTR cardiomyopathy is intrinsically a **systemic disorder**, targeting many organs. Many stakeholders can be involved in **diagnosis**, **disease management**, and/or **treatment decisions**, including:^{2,3}



Awareness across **ALL SPECIALTIES** is essential, as the systemic nature of this disorder could result in patients first being identified in a large variety of clinical settings^{2,3}

When signs and symptoms are suggestive of CA, diagnosis may be made noninvasively with cardiac scintigraphy and testing to rule out AL amyloidosis⁴

Cardiac scintigraphy outcome	Hematologic test outcome	Next steps
Grade 0	Negative	• Low likelihood of AL/ATTR amyloidosis • Consider CMR and biopsy if suspicion continues
Grade 0	Positive	Consider AL amyloidosis and conduct CMR • If CMR is negative, AL amyloidosis is unlikely • If CMR is positive or inconclusive, proceed with histologic confirmation (cardiac/extracardiac) to obtain diagnosis
Grade 1	Negative	• Histologic confirmation (cardiac/extracardiac) required to diagnose
Grade 1-3	Positive	• Histologic confirmation (usually cardiac) needed to determine subtype
Grade 2-3	Negative	ATTR-CM diagnosis • Complete TTR genetic testing to confirm ATTRwt-CM or ATTRv-CM

Radiologists, Nuclear Medicine Specialists, Geneticists, and Pathologists all play key roles in the CA diagnostic pathway^{2,3}



Learn more from the experts to help ensure a timely diagnosis of ATTR-CM in your patients:



Professor Bondue, Dr Debonnaire, Professor Gheysens and Professor Droogmans share their expertise in short videos, and detail how they have utilized the diagnostic algorithm in clinical cases^{2,3}