ATTR-CM

SUSPECT & DETECT

Key investigational steps

VERIFY PATIENT INFO AND HISTORY[1]

- ☐ Male
- ☐ Female

Age ☐

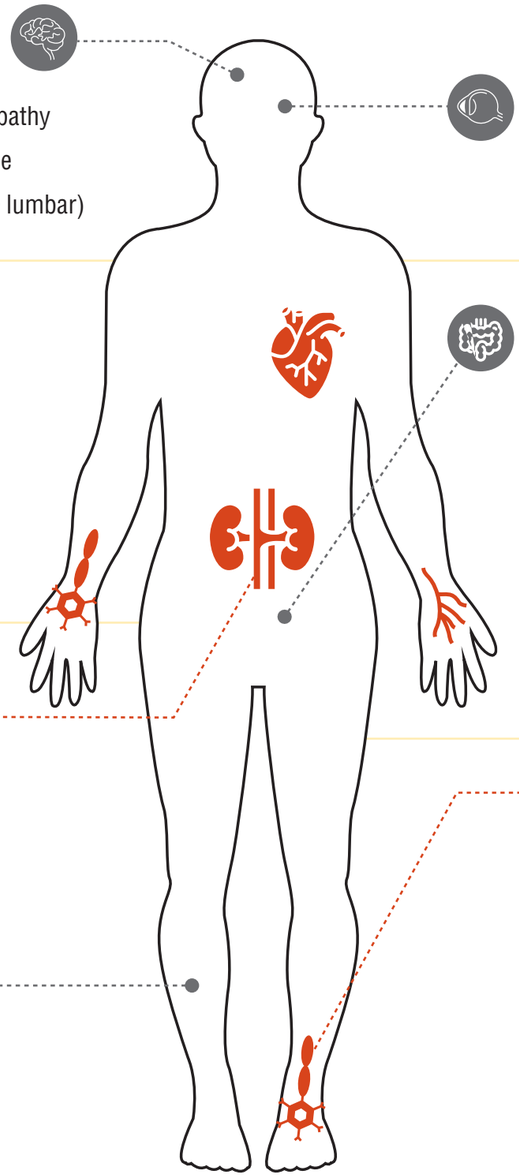
- ☐ Patient family history of ATTR-CM

Patient family heritage or background associated with most common gene mutations in North America for hATTR:

- ☐ West African descent: Val122Ile
- ☐ Northern Ireland descent: Thr60Ala
- ☐ Swedish, Portuguese, Japanese descent: Val30Met

- No clear predominance: hATTR
- Slight male dominance: AL
- Male predominance: wtATTR

Other clinical manifestations?
Please specify



NEUROLOGIC

- ☐ Peripheral sensorimotor neuropathy
- ☐ Bilateral carpal tunnel syndrome
- ☐ Spinal stenosis (predominantly lumbar)

OCULAR

- ☐ Vitreous opacities

AUTONOMIC

- ☐ Orthostatic hypotension
- ☐ Gastroparesis
- ☐ Sexual dysfunction
- ☐ Sweating abnormalities

GASTROINTESTINAL

- ☐ Nausea
- ☐ Constipation
- ☐ Early satiety, abdominal bloating (gastroparesis might be secondary to dysautonomia and/or gastrointestinal involvement)
- ☐ Elevated liver enzymes

RENAL

- ☐ Renal insufficiency
- ☐ Nephrotic syndrome
- ☐ Milder renal insufficiency (mainly due to heart failure)

MUSCULOSKELETAL

- ☐ Muscle weakness
- ☐ Arthropathy
- ☐ Fatigue
- ☐ Cachexia/weight loss
- ☐ Biceps tendon rupture
- ☐ Pseudohypertrophy (i.e., macroglossia)

HEMATOLOGIC

- ☐ Bleeding and easy bruising (i.e., periorbital)

Other clinical manifestations?
Please specify

Adapted from Fine *et al.*[1]

ATTR-CM

SUSPECT & DETECT

Key investigational steps

CHECKLIST OF SIGNS AND SYMPTOMS

Recognizing Symptoms of transthyretin amyloid cardiomyopathy ATTR-CM

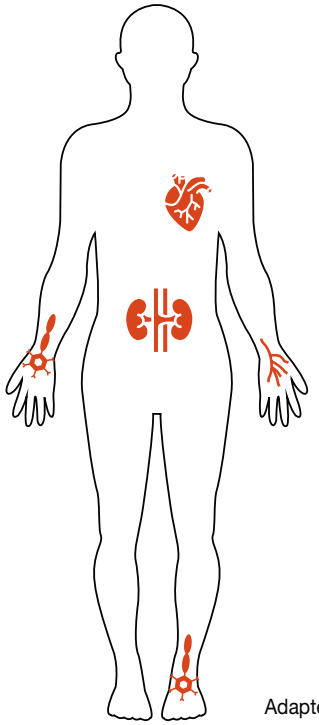
When to SUSPECT ATTR-CM

Key clinical features to trigger a diagnostic workup for cardiac amyloidosis[1]

SUSPECT CARDIAC AMYLOIDOSIS WHEN PATIENTS PRESENT WITH SIGNS AND SYMPTOMS OF HEART FAILURE WITH ≥1 OF THE FOLLOWING

(Strong Recommendation, Moderate-Quality Evidence)

- Unexplained increased LV wall thickness Older than 60 years of age with low-flow low-gradient AS and LVEF > 40%
- Established AL or ATTR in non-cardiac organ/system (i.e., renal AL amyloidosis causing nephrotic syndrome)
- History of carpal tunnel syndrome (bilateral)
- Unexplained peripheral sensorimotor neuropathy and/or dysautonomia



Adapted from Fine *et al.*[1]

SUSPECT THE SIGNS OF ATTR-CM:

- The diagnosis of ATTR-CM is often delayed or missed[1,2]
- It is considered a rare condition that is a potentially fatal cause of heart failure and other cardiovascular manifestations[1]
- Patients with ATTR-CM have 2-6 years of life expectancy post-diagnosis[2]

This checklist provides a list of extracardiac manifestations of common subtypes of cardiac amyloidosis.

Please see the CCS/CHFS guidelines for complete information.[1]

ATTR = transthyretin amyloidosis; CCS = Canadian Cardiovascular Society; CHFS = Canadian Heart Failure Society; CM = cardiomyopathy; LVEF = left ventricular ejection fraction; AL = light chain amyloidosis; AS = aortic stenosis

ATTR-CM

SUSPECT & DETECT

Key investigational steps

BE READY TO SUSPECT ATTR-CM

VISIT ▸ WWW.ATTRCM.CA

PASSWORD: ATTRCM

References

1. Fine NM *et al*. Canadian Cardiovascular Society/Canadian Heart Failure Society joint position statement on the evaluation and management of patients with cardiac amyloidosis. *Can J Cardiol* 2020;36:322-34.
2. Maurer MS *et al*. Expert consensus recommendations for the suspicion and diagnosis of transthyretin cardiac amyloidosis. *Circ Heart Fail* 2019;12:e006075.

Pfizer Canada ULC
Kirkland, Quebec H9J 2M5 PP-VYN-CAN-0166-EN

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