

# Hereditary Transthyretin-Mediated Amyloidosis (hATTR) Clinical Clues and Diagnostic Testing Quick Reference Guide

- Transthyretin-mediated amyloidosis (ATTR) is a form of systemic amyloidosis caused by amyloid deposits in tissues and organs derived from TTR (transthyretin) protein, primarily produced in the liver.<sup>1</sup>
- ATTR amyloidosis can be acquired or inherited. Wild-type
   ATTR (wATTR) amyloidosis presents primarily with cardiac
   manifestations, whereas hereditary or variant ATTR (hATTR or
   ATTRv) amyloidosis variably involves the heart and autonomic
   and peripheral nerves. Inheritance for hATTR amyloidosis is
   autosomal dominant with variable penetrance.<sup>2</sup>
- Perceived rarity of the disease and clinical manifestations similar to other more common diseases like heart failure can lead to delays in the identification and diagnosis of ATTR amyloidosis. The list of clinical clues and diagnostic testing provided in this quick reference guide are intended to promote earlier identification and accurate diagnosis of ATTR amyloidosis, with subsequent genetic testing to determine if there is a genetic cause. Confirmation of a TTR variant should trigger genetic counseling and potential screening for family members.<sup>3</sup>

## Clinical Clues<sup>3,4,5</sup>

Cumcat Ctacs	
Traditional Cardiac Clues	Noncardiac Clues
Intolerance to antihypertensive or heart failure medications because of symptomatic hypotension or orthostasis	Neurological: sensorimotor polyneuropathy (paresthesias and weakness), autonomic dysfunction (orthostatic hypotension, postprandial diarrhea alternating with constipation, gastroparesis, urinary retention, and incontinence)
Persistent low-level elevation in serum troponin	Orthopedic: carpal tunnel syndrome, lumbar spinal stenosis, unprovoked biceps tendon rupture, hip and knee arthroplasty
Discordance between QRS voltage on an ECG and wall thickness on imaging	Black race
Unexplained atrioventricular block or prior pacemaker implantation	Family history of polyneuropathy
Unexplained LV wall thickening, right ventricular thickening, or atrial wall thickening	
Family history of cardiomyopathy	
Abbreviations: LV, left ventricular	

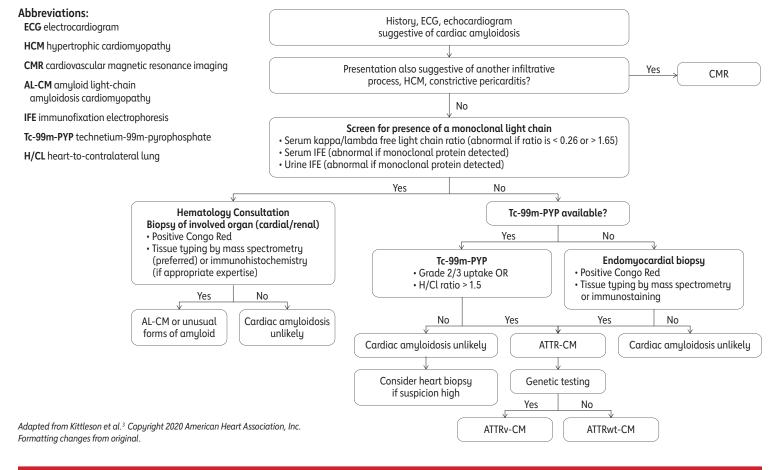
Adapted with permission from Kittleson et al.<sup>3</sup> Copyright 2020 American Heart Association, Inc.

## References

- <sup>1</sup> UK National Amyloidosis Centre. Amyloidosis Patient Information Site. http://www.amyloidosis.org.uk/about-amyloidosis/hereditary-systemic-amyloidosis/introduction-to-attr-amyloidosis. Published July 13, 2020. Accessed December 7, 2021.
- <sup>2</sup> Patel KS, Hawkins PN. Cardiac amyloidosis: Where are we today? *Journal of Internal Medicine*. 2015;278(2):126-144. doi:10.1111/joim.12383
- <sup>3</sup> Kittleson MM, Maurer MS, Ambardekar AV, Bullock-Palmer RP, Chang PP, Eisen HJ, Nair AP, Nativi-Nicolau J, Ruberg FL; on behalf of the American Heart Association Heart Failure and Transplantation Committee of the Council on Clinical Cardiology. Cardiac amyloidosis: evolving diagnosis and management: a scientific statement from the American Heart Association. *Circulation*. 2020;142:e7–e22. doi: 10.1161/ CIR.0000000000000792.
- <sup>4</sup> Witteles RM, Bokhari S, Damy T, et al. Screening for transthyretin amyloid cardiomyopathy in everyday practice. *JACC: Heart Failure*. 2019;7(8):709-716. doi:10.1016/j.jchf.2019.04.010
- <sup>5</sup> Ruberg FL, Maurer MS, Judge DP, et al. Prospective evaluation of the morbidity and mortality of wild-type and v122i mutant transthyretin amyloid cardiomyopathy: The Transthyretin Amyloidosis Cardiac Study (TRACS). American Heart Journal. 2012;164(2). doi:10.1016/j.ahj.2012.04.015
- <sup>6</sup> Adams D, Ando Y, Melo Beirao J, et al. Expert consensus recommendations to improve diagnosis of ATTR amyloidosis with polyneuropathy. *Journal of Neurology*. 2021;268(6):2109-2122. doi: 10.1007/s00415-019-09688-0



# Diagnostic Testing for Suspected hATTR Amyloidosis with Cardiomyopathy<sup>3</sup>



# Diagnostic Testing for Suspected hATTR Amyloidosis with Polyneuropathy<sup>6</sup>

Clinical suspicion of amyloid neuropathy

Confirmation of ATTRv amyloidosis

Patient follow-up after diagnosis

Clinical examination every 6 months (every 3 months for

stages II/III) unless responding well to treatment

• Functional scores (eg, walking ability, polyneuropathy

orthostatic hypotension, erectile dysfunction, and

gastrointestinal disturbances including diarrhea

disability, neurological impairment score)

• Autonomic (eq, bladder/urinary tract infection,

#### **DNA** sequencing

Analysis of the amuloidogenic TTR variant

## **Amyloid typing**

Immunohistochemistry or mass spectrometry

### Biopsy of amyloid deposition

Possible biopsy sites: Labial salivary gland; subcutaneous fatty tissue of abdominal wall; skin; kidney; nerve; gastrointestinal tract including submucosa

Congo red staining with characteristic green birefringence under polarized light

# Cardiology

Neurology

Electrocardiography

and early satiety)

• Echocardiography and NT-proBNP

### Ophthalmology

Modified body mass index, weight

New or progressed symptoms

#### Abbreviations:

NT-proBNP N-terminal pro-brain natriuretic peptide

Adapted from Adams et al.<sup>6</sup> Copyright 2020 The Authors. Formatting changes from original.