



# Amyloidosis 101 webinar

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Wednesday, February 19, 2025 | Noon – 1 p.m.

- Grant support from NIH 1K23HL166686-01 and AHA 23CDA857664;
- Site PI for Helios-B (Alnylam), Cardio-TTRansform (Ionis, Astra Zeneca), DepleTTR (Alexion), Magnitude (Intellia). Sub-PI for ACT-Early (Bridgebio), Phase II Acoramidis Trial (Bridgebio, formerly Eidos).
- Personal fees from Pfizer, Bridgebio, Intellia, Ionis, AstraZeneca, Alexion and Novo-Nordisk, Life Molecular Imaging.

# Objectives

Overview of Amyloidosis

Types of Amyloid

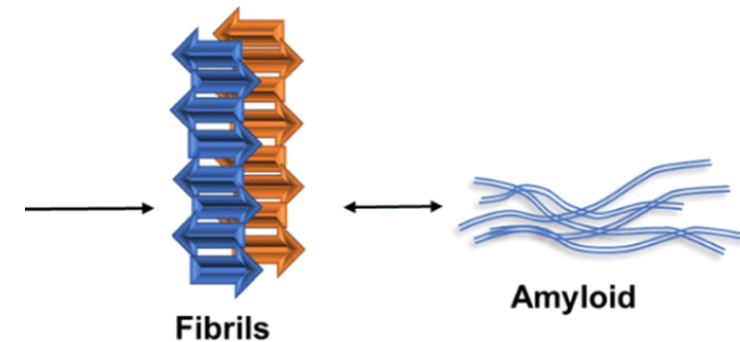
Organ involvement

Diagnosis

Treatments

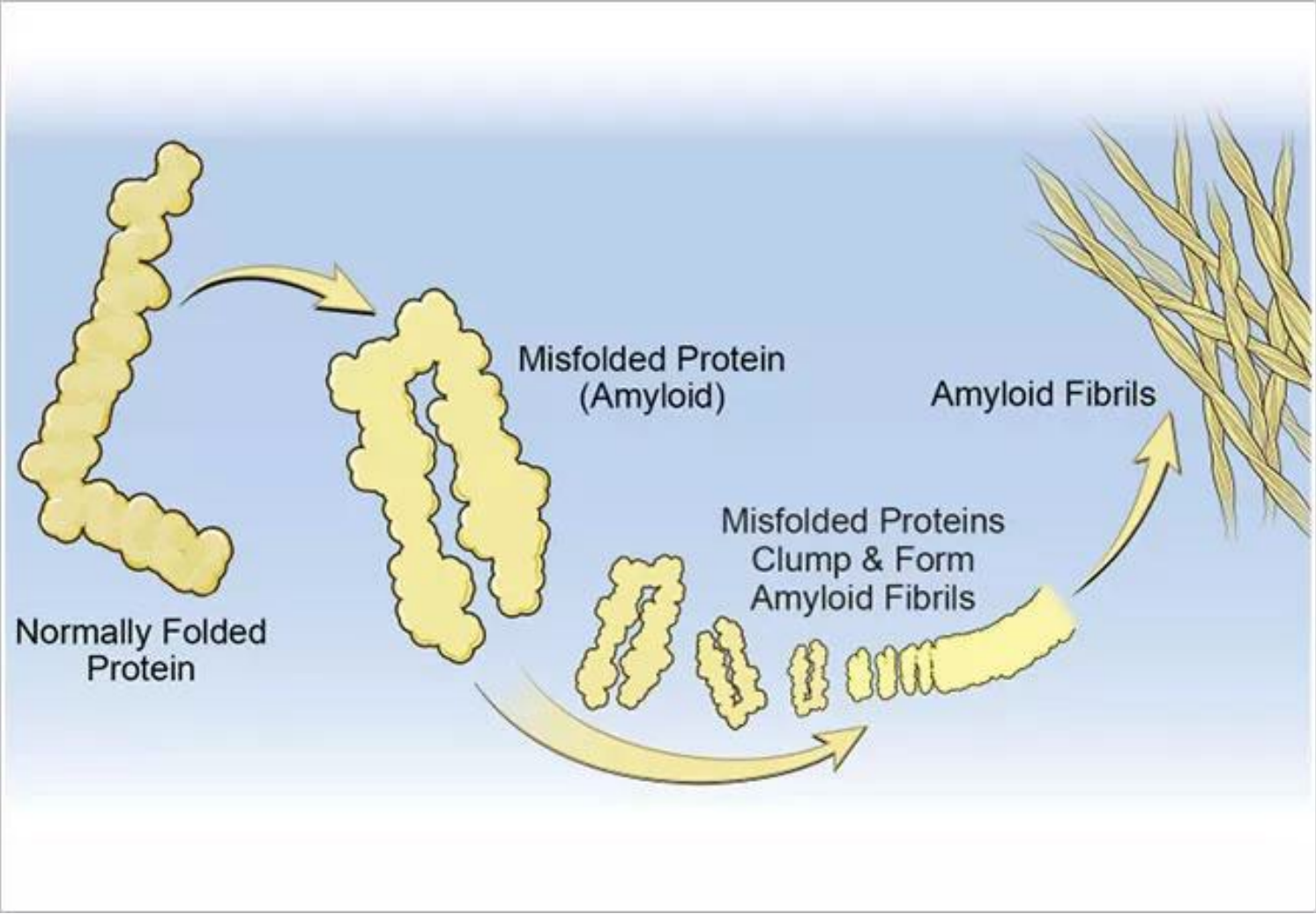
# Amyloid and Amyloidosis

- Group of complex diseases caused by **protein misfolding** and aggregation into highly ordered **amyloid fibrils**
- Deposit in tissues, resulting in **progressive organ damage**
- **Localized** deposition
- **Systemic** amyloidosis- at least 17 proteins identified
  - Transthyretin (ATTR)
  - Light Chain (AL)
  - Reactive systemic amyloidosis – serum amyloid A protein (AA)

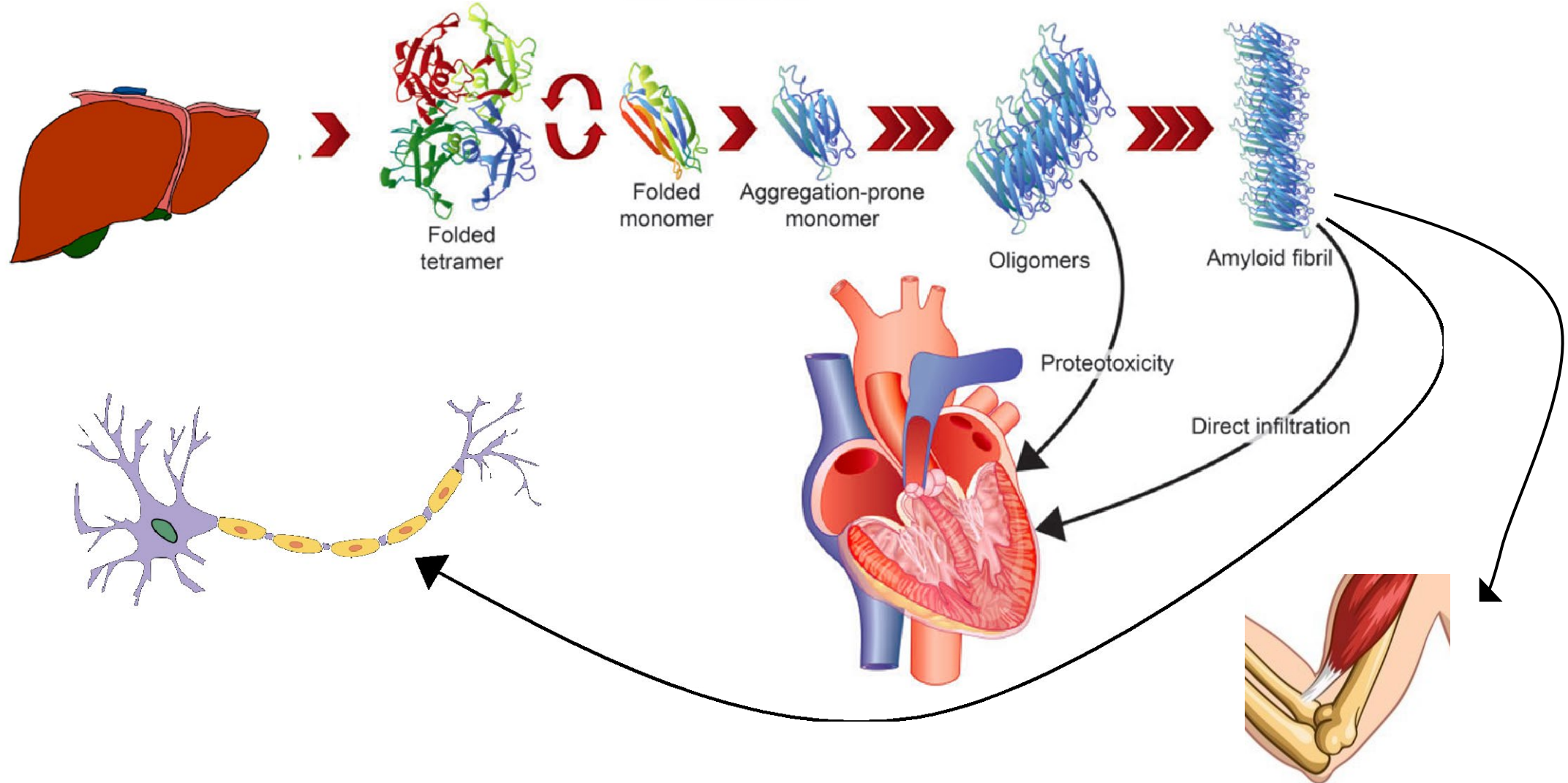


Mater. Adv., 2024, 5, 4078-4090

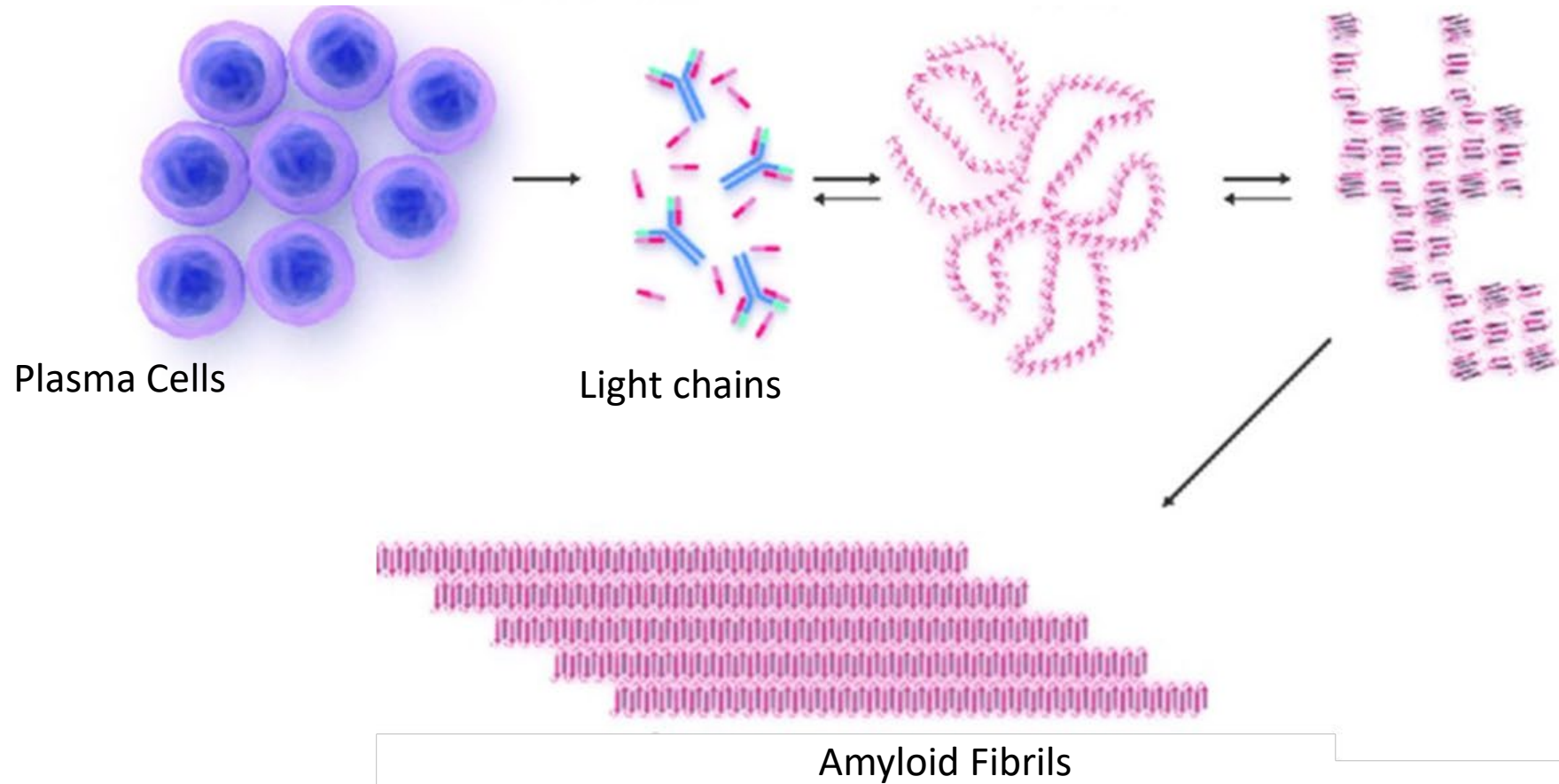
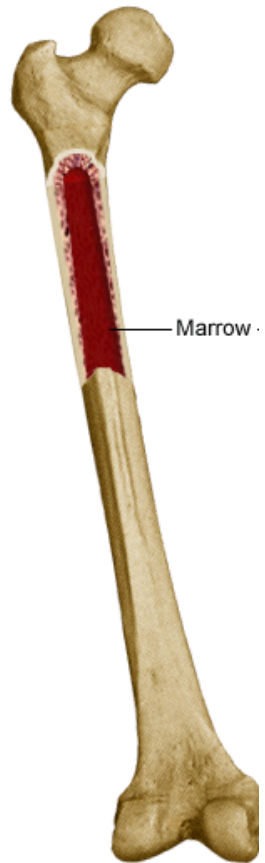
# Precursor Protein forms Amyloid Fibrils

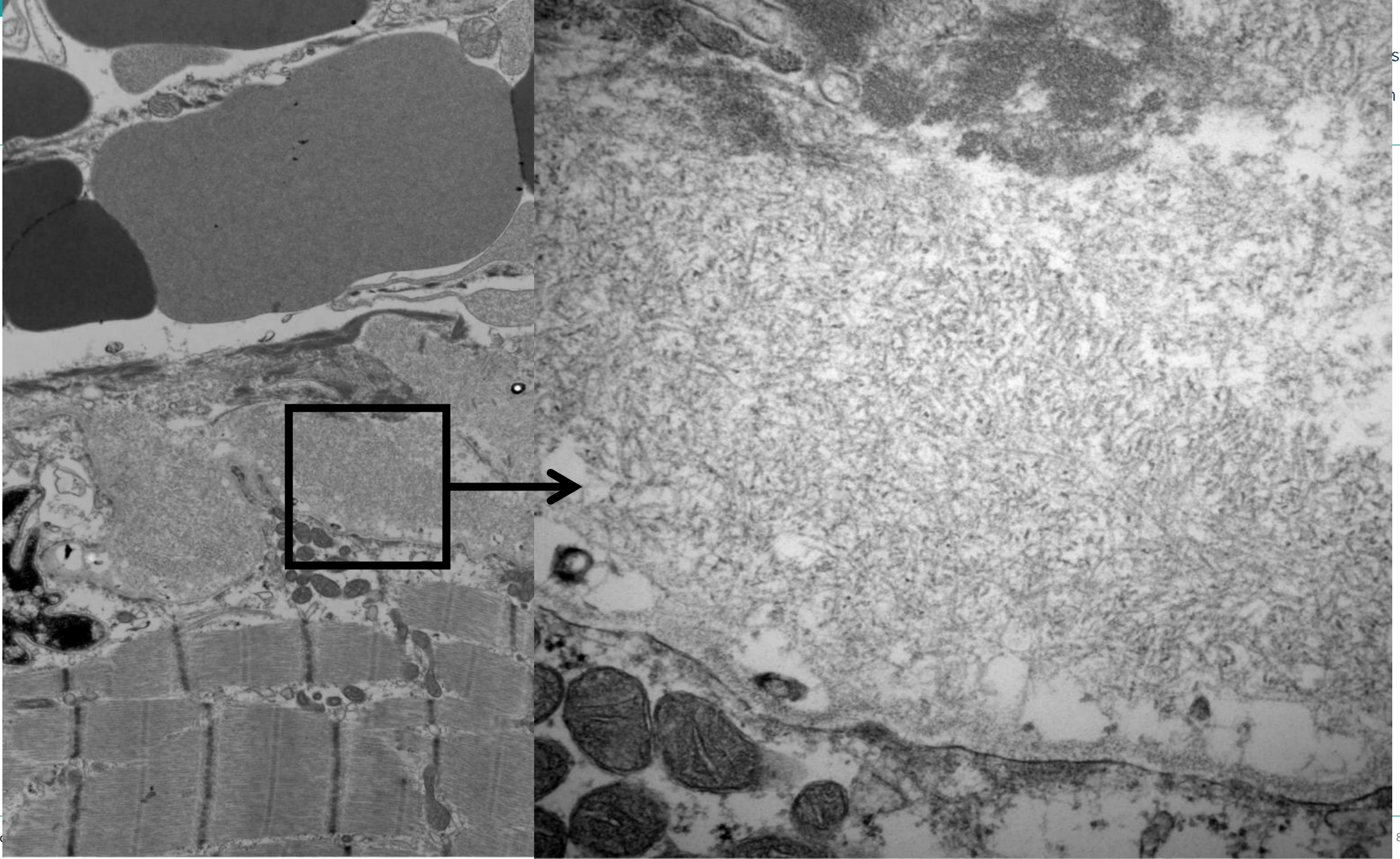


# ATTR Amyloidosis: Transthyretin Protein

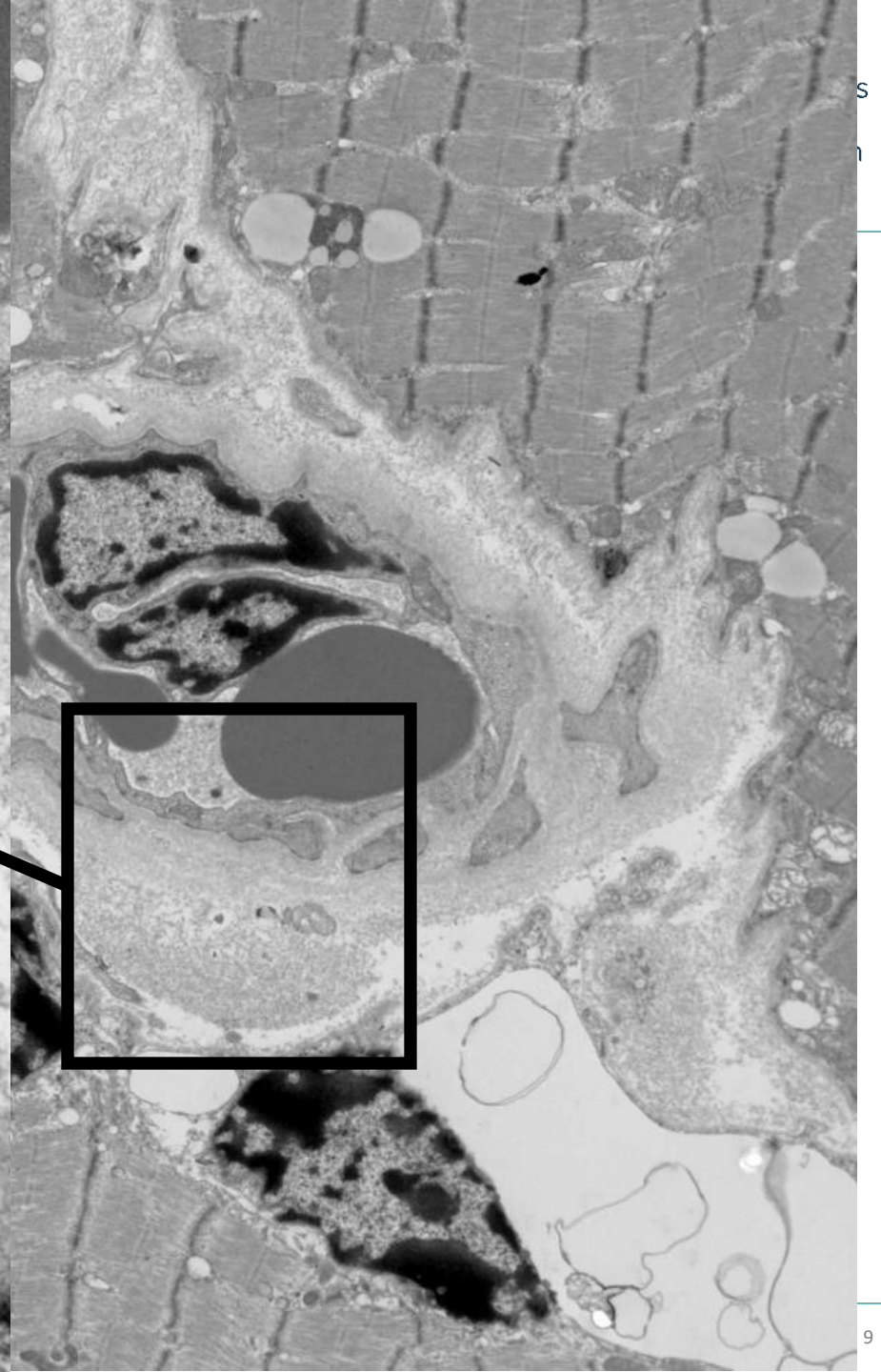
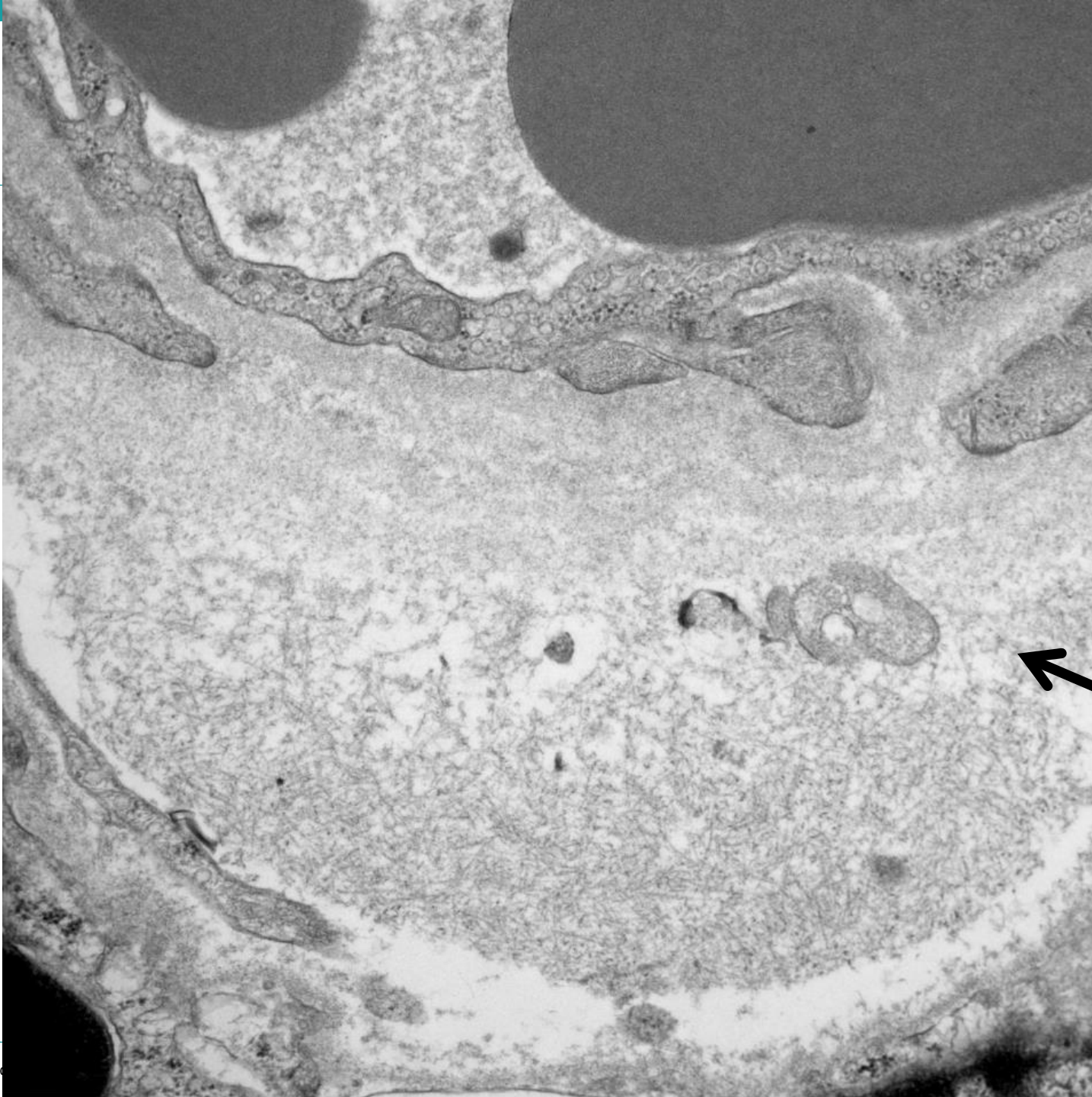


# Light Chain (AL) Amyloidosis: Plasma Cells in Bone Marrow Overproducing Light Chains







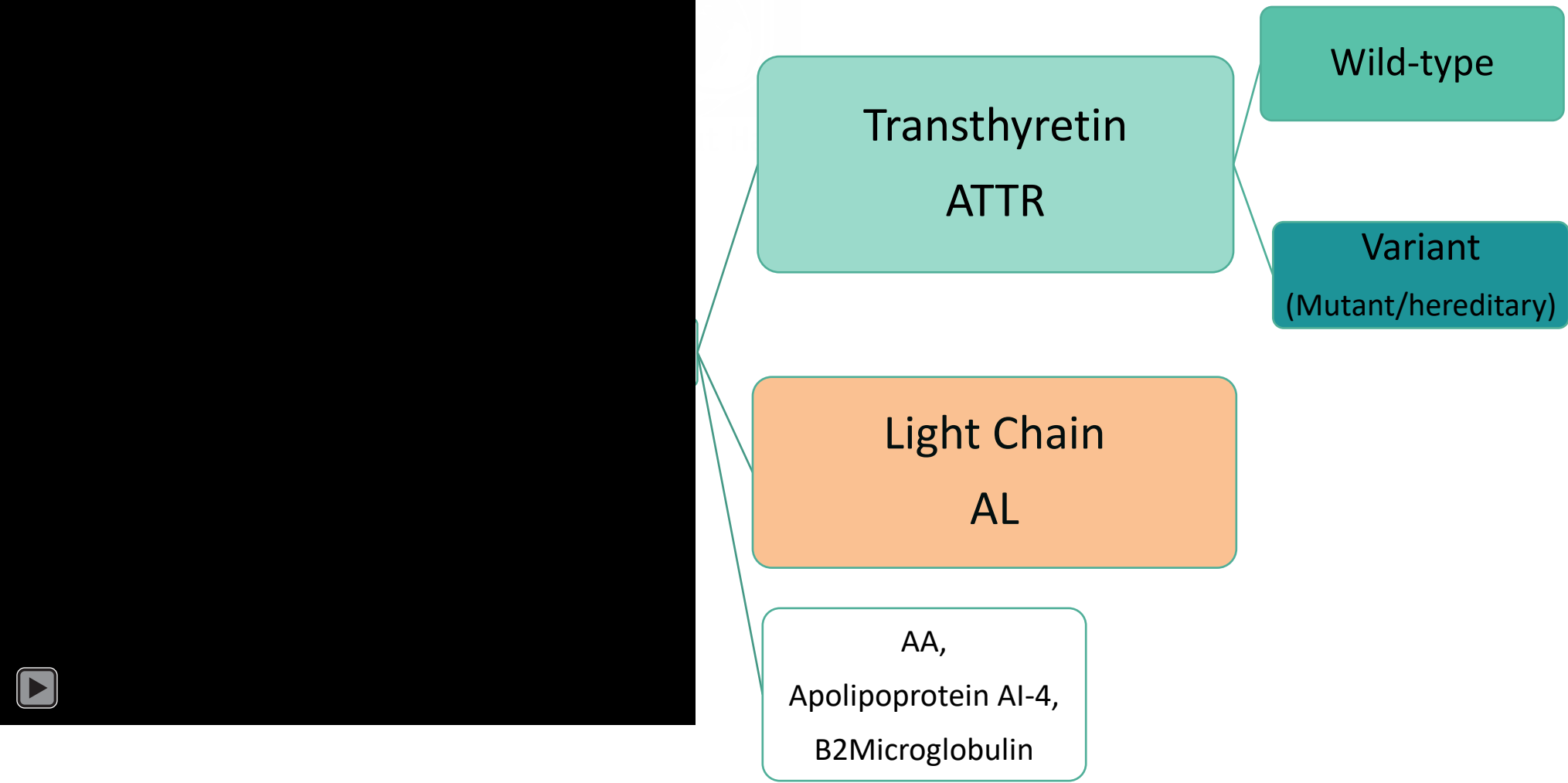


# Some of the proteins that cause systemic amyloidosis

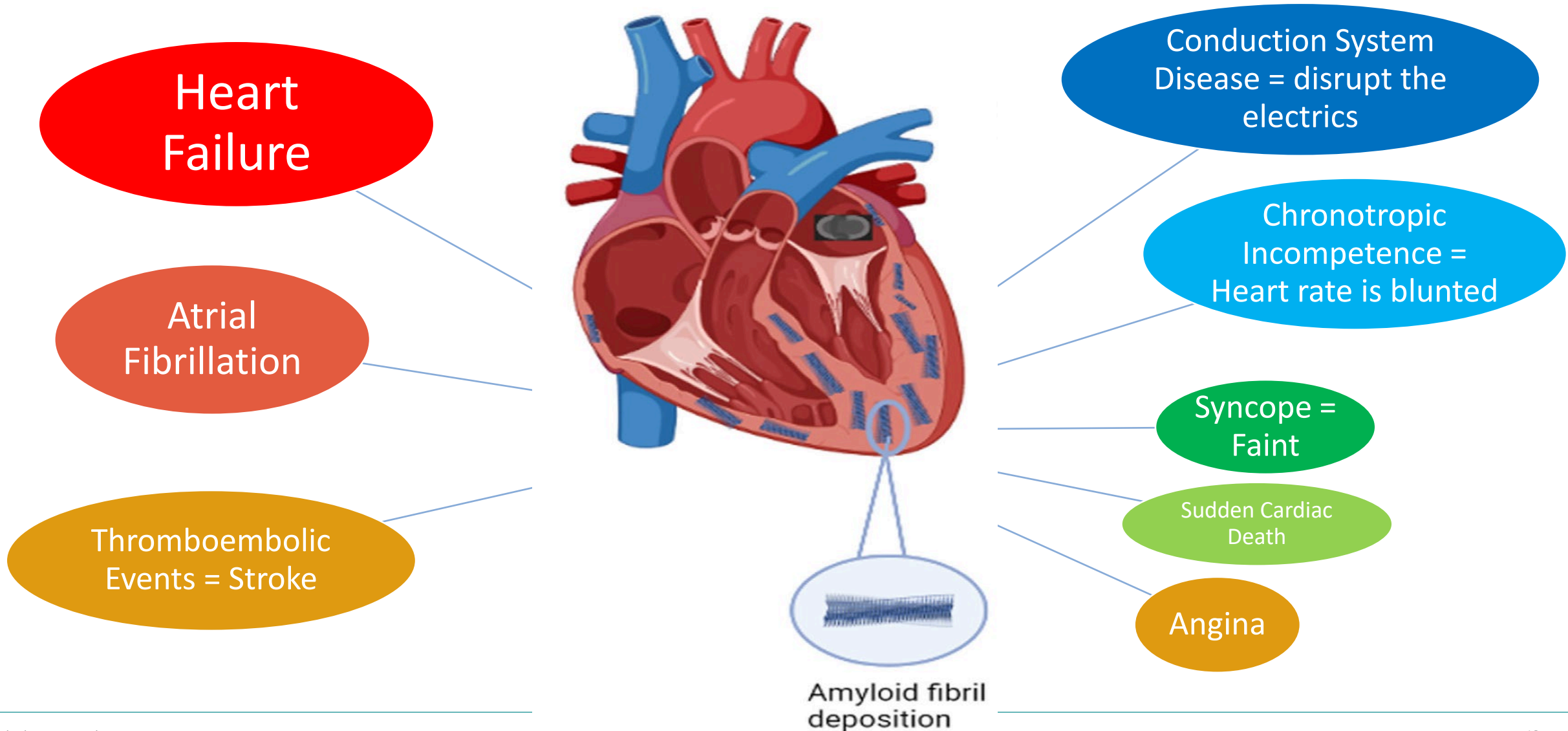
Precursor Protein	Amyloid Type	Clinical Presentation/ Involvement
Monoclonal immunoglobulin light chain	AL	Localized or systemic (heart, kidney, GI tract, liver, peripheral nerves, soft tissue)
Monoclonal immunoglobulin heavy chain	AH	Localized or systemic (heart, kidney, GI tract, liver, peripheral nerves, soft tissue)
Serum amyloid A (SAA)	AA	Renal (most common), liver, GI tract, autonomic nervous system
TTR wild-type (senile systemic)	Wild-type ATTR	Heart, soft tissue
TTR mutant <sup>a</sup>	Mutant ATTR	Hereditary peripheral or autonomic neuropathy, cardiomyopathy, vitreous opacities

Precursor Protein	Amyloid Type	Clinical Presentation/ Involvement
LECT2	ALect2	Hepatic and renal; in Hispanic populations and those with preexisting liver disease (eg, hepatitis C)
$\beta_2$ -microglobulin	A $\beta_2$ M	Triad of carpal tunnel syndrome, shoulder pain, and flexor tenosynovitis of hands in long-term dialysis patients
Fibrinogen A $\alpha$ -chain <sup>a</sup>	AFib	Visceral (mainly renal, also liver, spleen)
Gelsolin <sup>a</sup>	AGel	Cranial nerves and cornea
Lysozyme <sup>a</sup>	ALys	Visceral (mainly renal, also liver, spleen, lung, GI)

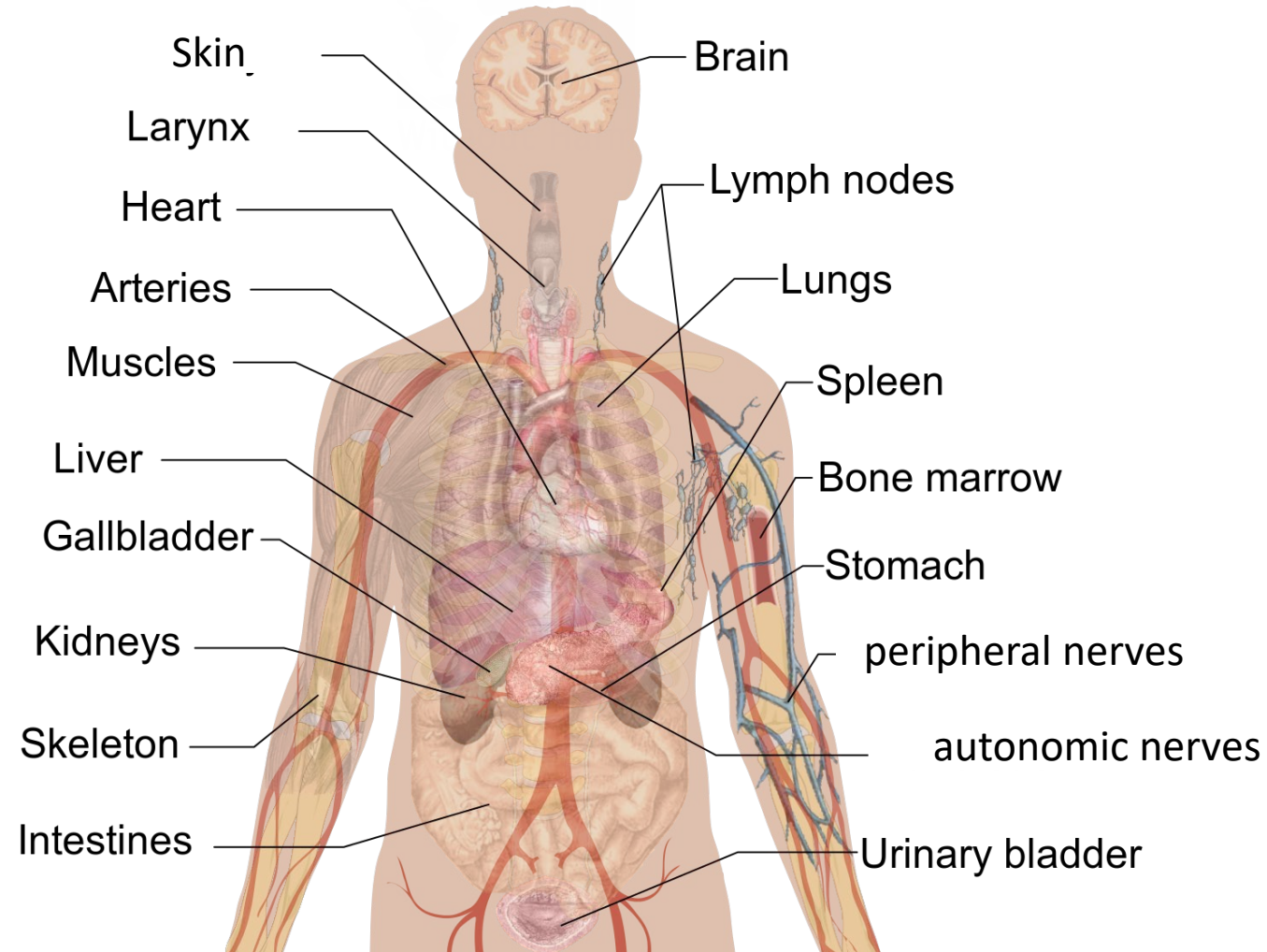
# Cardiac Amyloidosis



# Clinical presentation: Cardiac Manifestations



# Organ Involvement – lots of variability

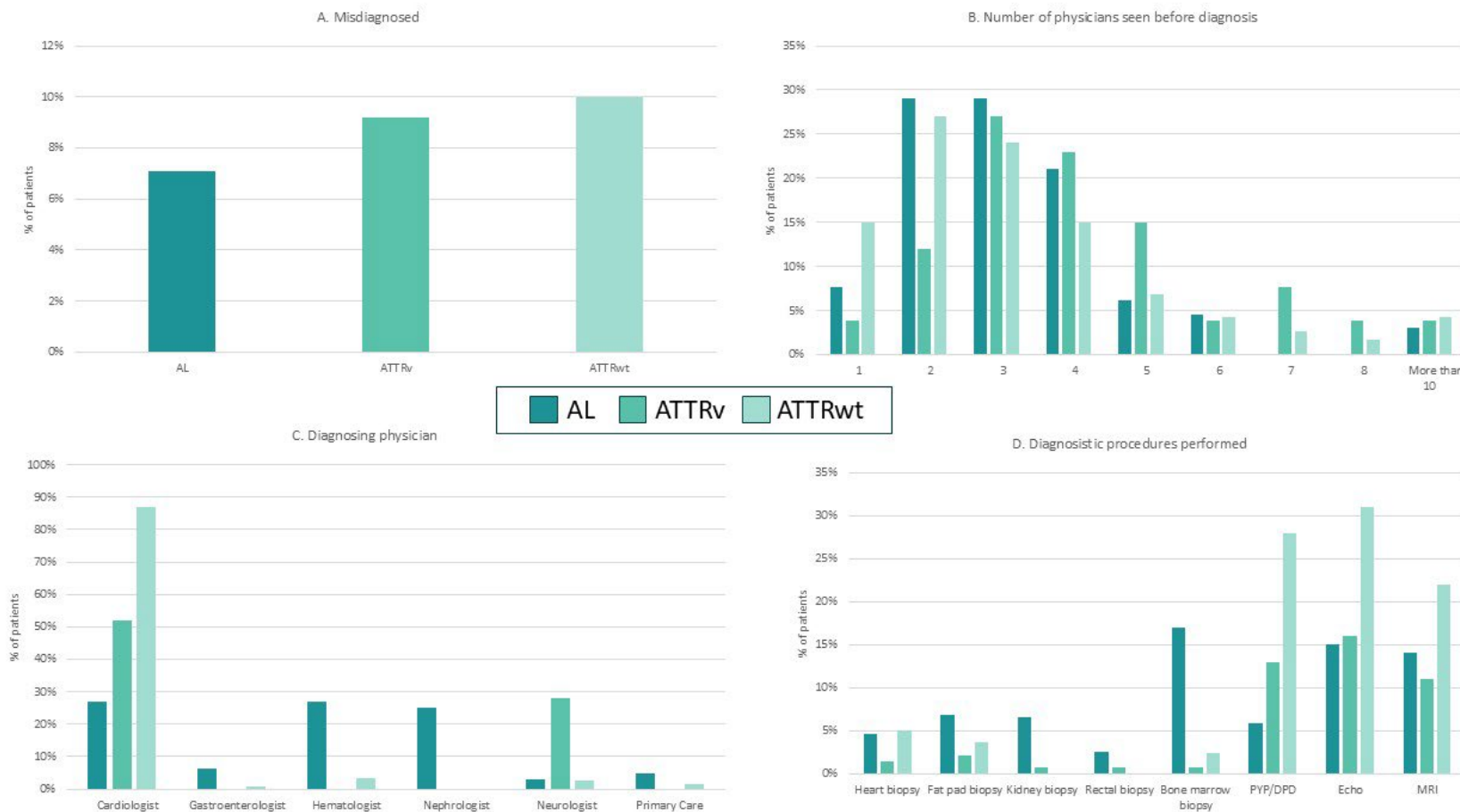


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# Diagnostic Work-up Depends on Presentation

- Relates to organ involvement
- This is where delays are very frequent

## ARC Data

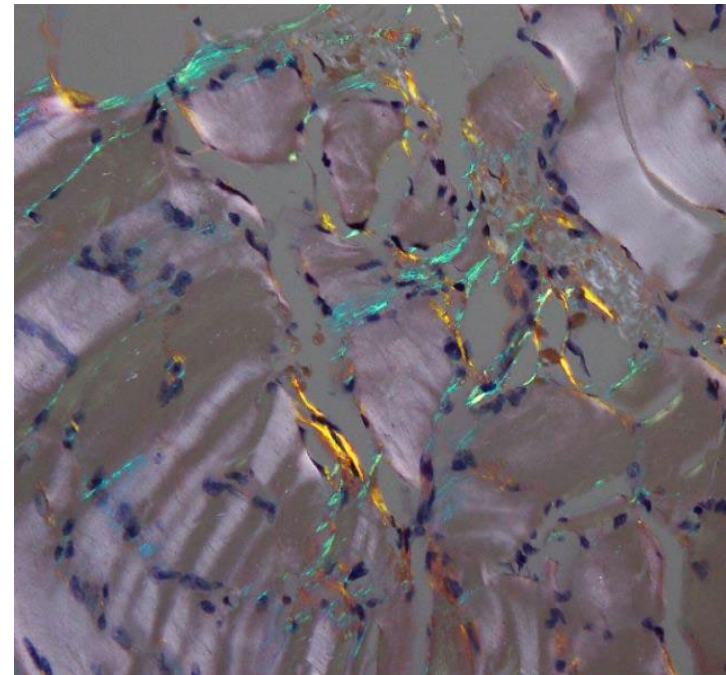
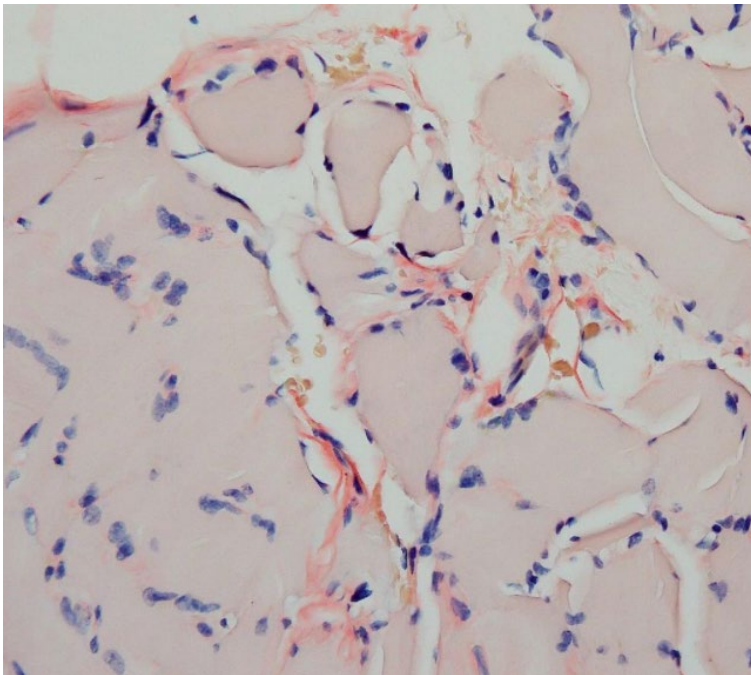


# Cardiac Work up

- Echo is often the first imaging tool we use.



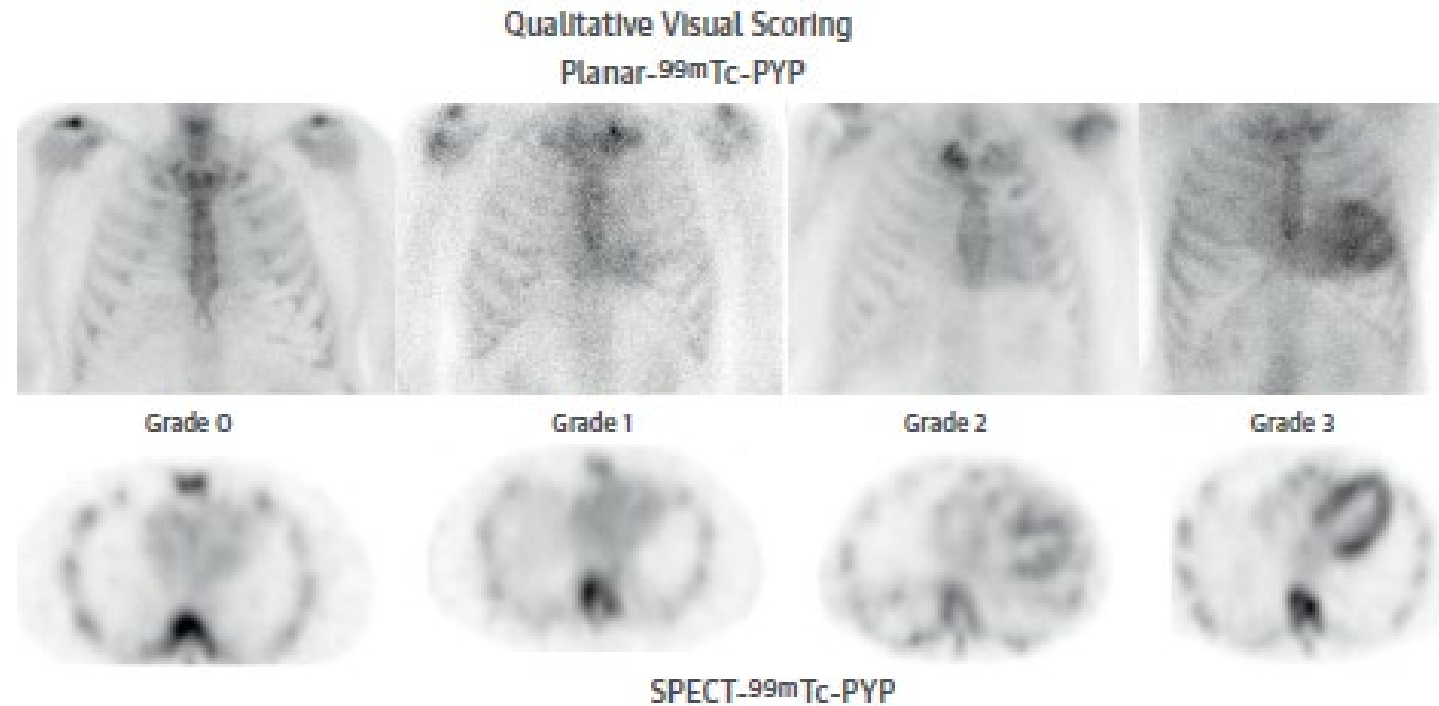
- “Gold Standard”
  - 1. Identify amyloid deposition
  - 2. identify what type – the precursor protein





# Non-biopsy Diagnosis of ATTR Amyloidosis

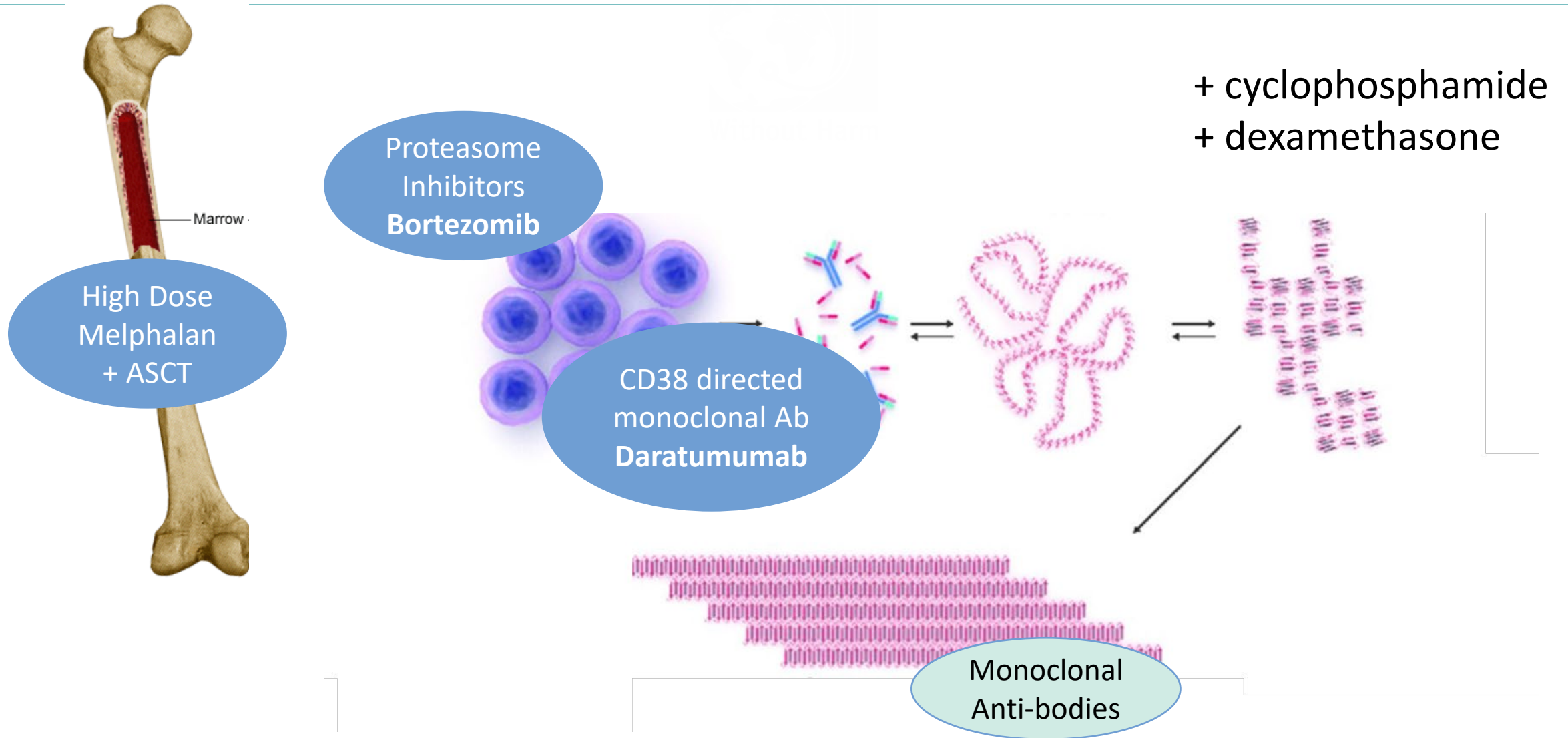
- ATTR- cardiomyopathy
  - Nuclear Imaging
    - “Amyloid Scan”
    - “Bone Scan” – bone avid radiotracer
    - “Cardiac Scintigraphy”
- Have to rule out Light Chain Abnormality
- Genetic Test



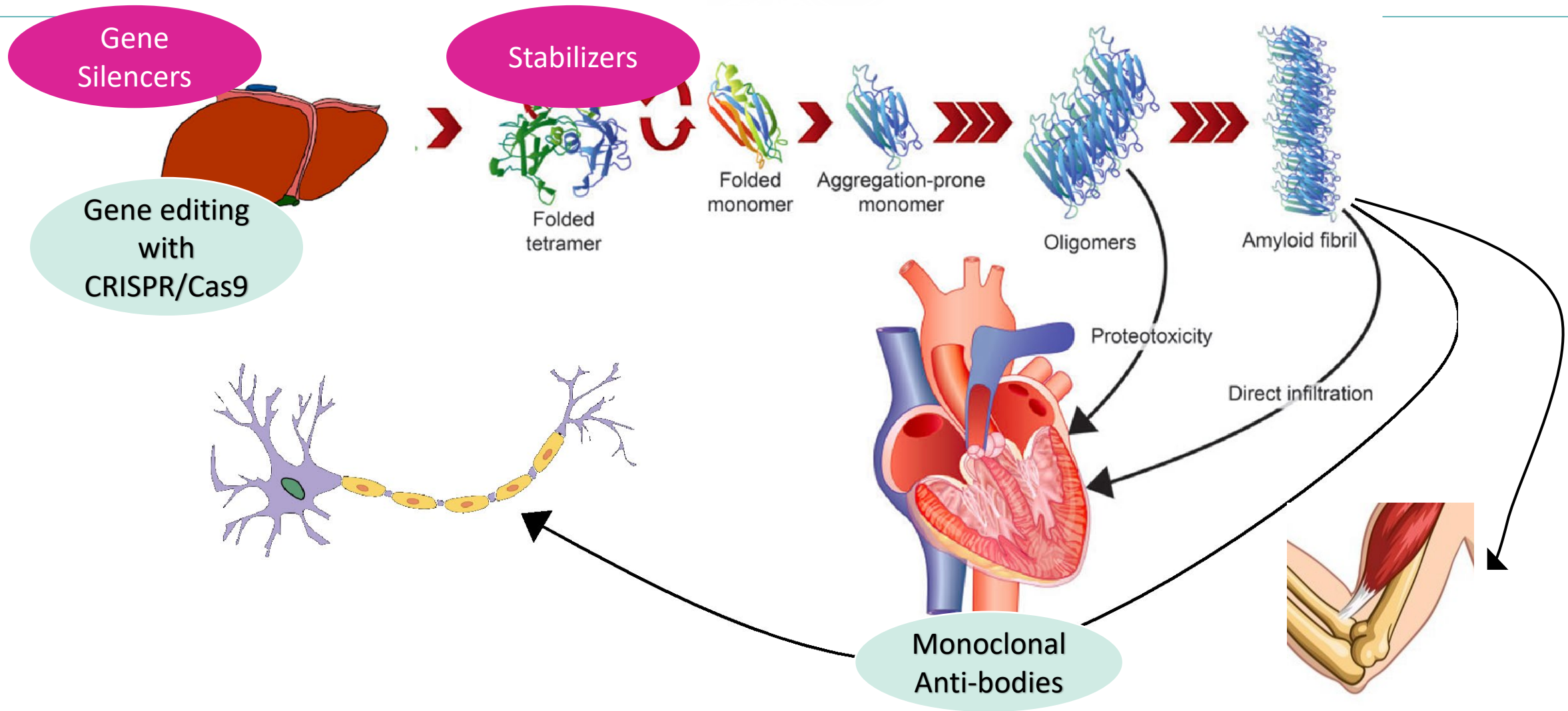
# Treatments - principles

- Addressing precursor protein
- Supportive Management

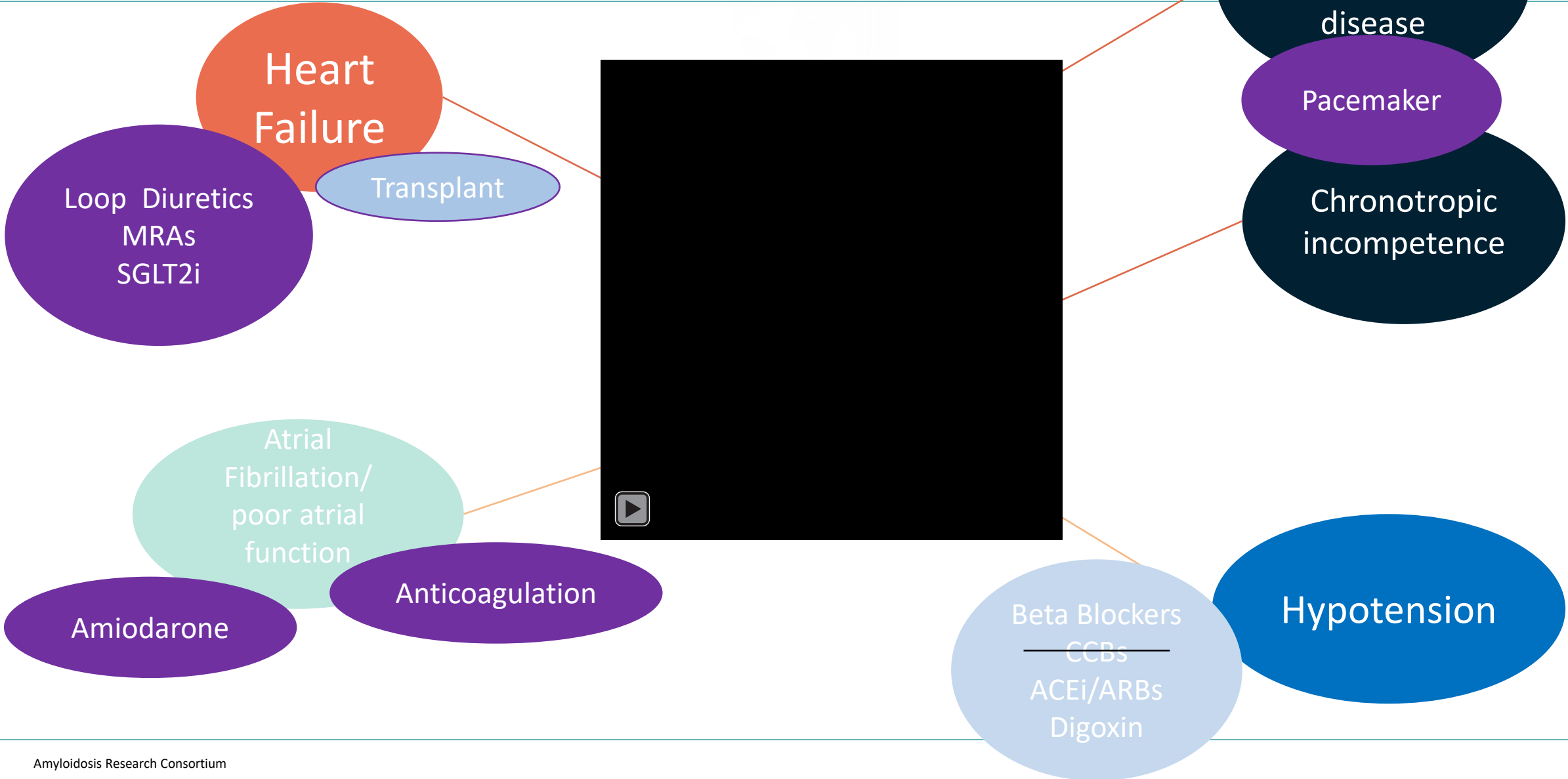
# Light Chain (AL) Amyloidosis: Dara + CyBorD



# Therapeutic Targets in ATTR



# Supportive Therapy Targets



# Other organs

- Kidneys
- Nerves: peripheral and autonomic
- Carpal Tunnel and spinal stenosis
- Lungs/pleural effusions
- GI system
- Liver

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Thank you

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