

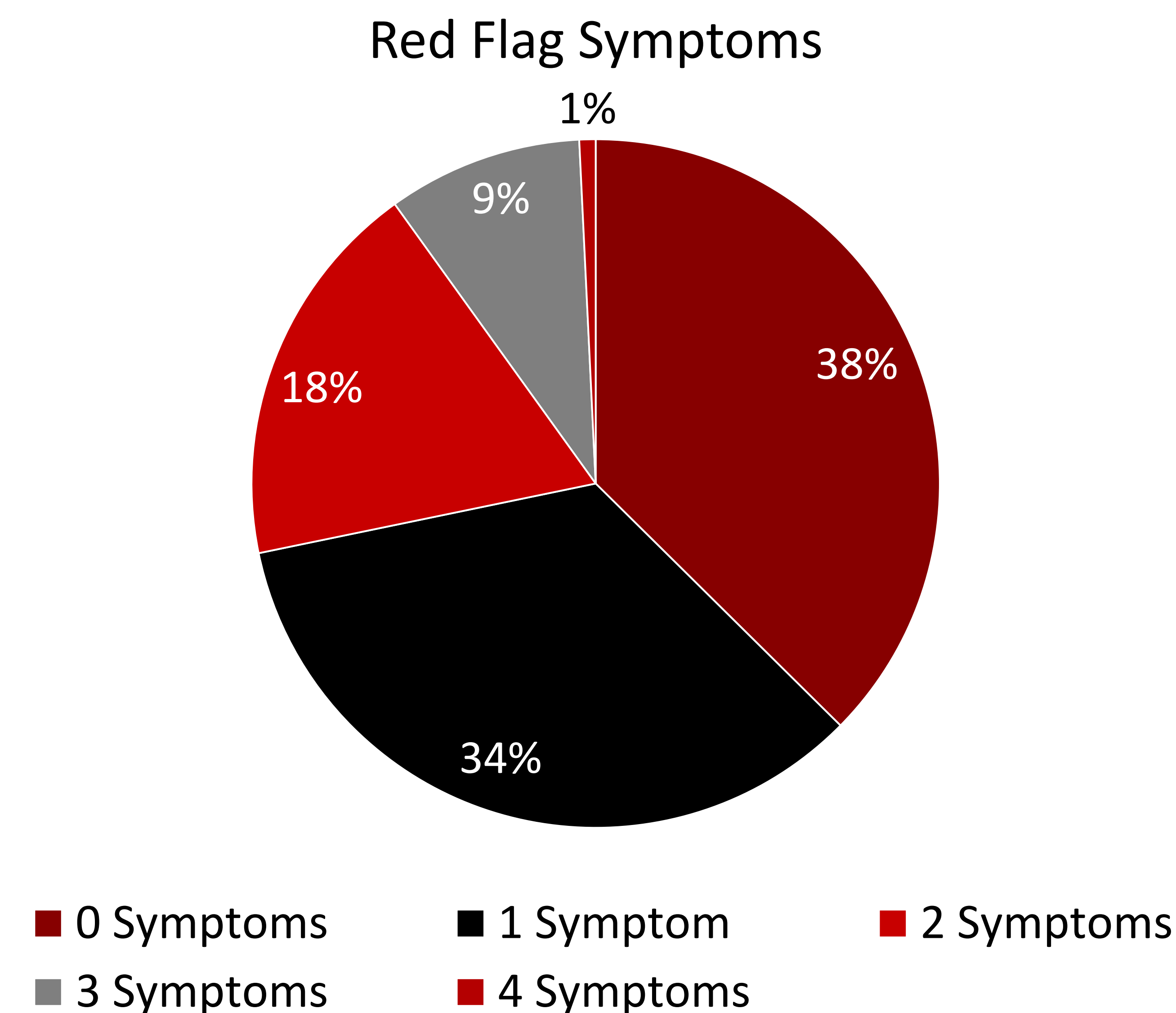
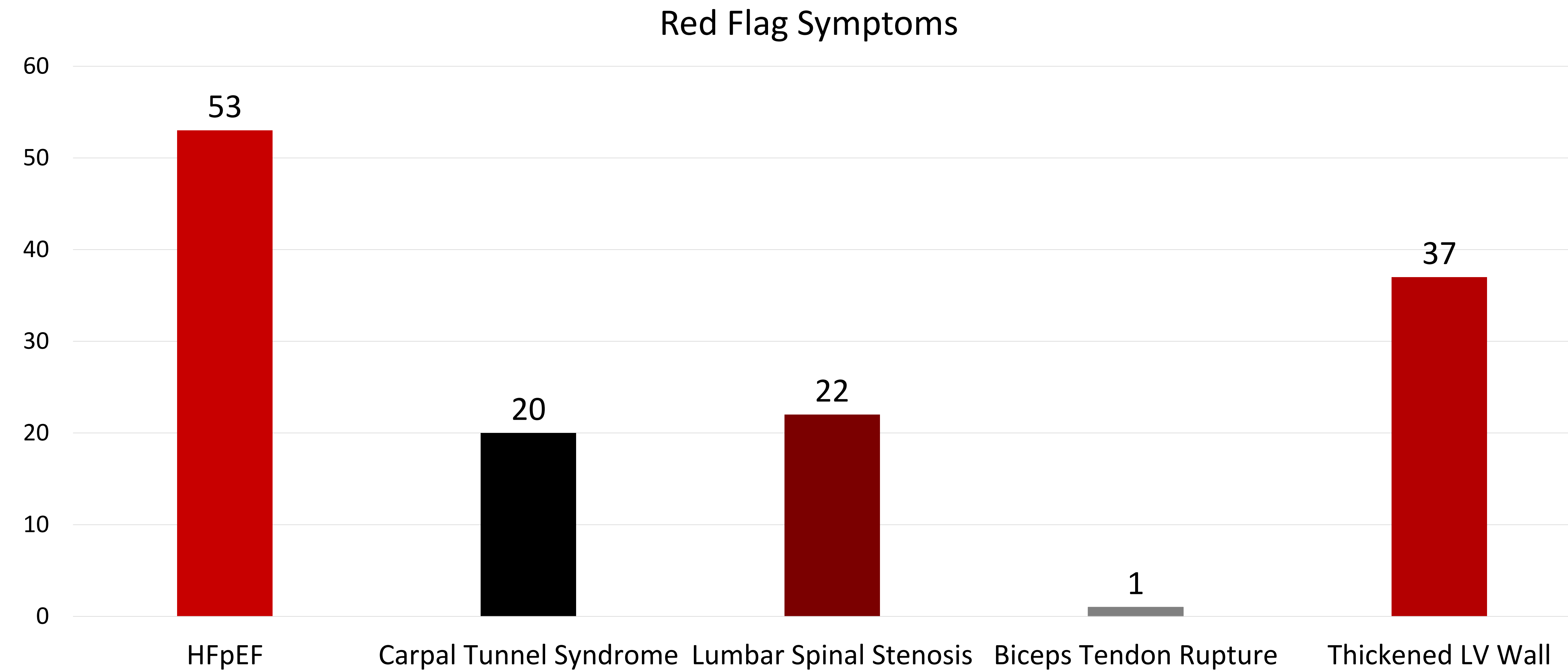
BACKGROUND

- Red flags of transthyretin amyloid cardiomyopathy (ATTR-CM) are heart failure with preserved ejection fraction (HFpEF), aortic stenosis, cardiac arrhythmias, bilateral carpal tunnel syndrome, lumbar spinal stenosis, biceps tendon rupture, and thickened LV wall.
- Median survival is 3.5 years if untreated.
- Tafamidis, a transthyretin stabilizer, treats ATTR-CM by slowing the formation of amyloid fibrils.
- The purpose of this study is to educate on ATTR cardiac amyloidosis, its clinical presentation, and treatment in hopes that it becomes more commonly considered to improve patient outcomes.

METHODS

- This study looked for presence of ATTR-CM red flag symptoms in post-transcatheter aortic valve replacement (TAVR) patients.
- Patients diagnosed with ATTR-CM or prescribed tafamidis were documented.
- The study was conducted at HSHS St. Elizabeth's Hospital from January 2021 to December 2022.

RESULTS



- This study included 131 patients.
- Several red flags were identified, but no incidence of ATTR-CM diagnosis was seen.
- HFpEF was the most identified red flag symptom, occurring in 53 patients.
- 82 (62%) patients had at least one red flag symptom with 37 (28%) of those patients having more than one.
- 49 (38%) patients had no known red flag symptoms.

DISCUSSION

- Over half of the population (62%) experienced a red flag symptom, yet there were no ATTR-CM diagnoses identified.
- This may be due to the “rarer” disease states, such as cardiac amyloidosis, being transferred out to larger health systems.
- ATTR-CM frequently presents as heart failure and HFpEF was identified in 40.5% of the population, leading one to believe ATTR-CM could have been diagnosed as HFpEF and not further worked up.
- ATTR-CM is hard to diagnosis because of the involvement of several organ systems, requiring multidisciplinary collaboration.
- In the future, this study should be repeated at a larger facility that has frequent cardiac amyloidosis cases.

CONCLUSION

- There was no presence of ATTR-CM in patients who underwent a TAVR between January 2021 and December 2022.
- Our findings could be due to patients being transferred to larger health systems for diagnosis and treatment of ATTR-CM due to unfamiliarity with this disease state.