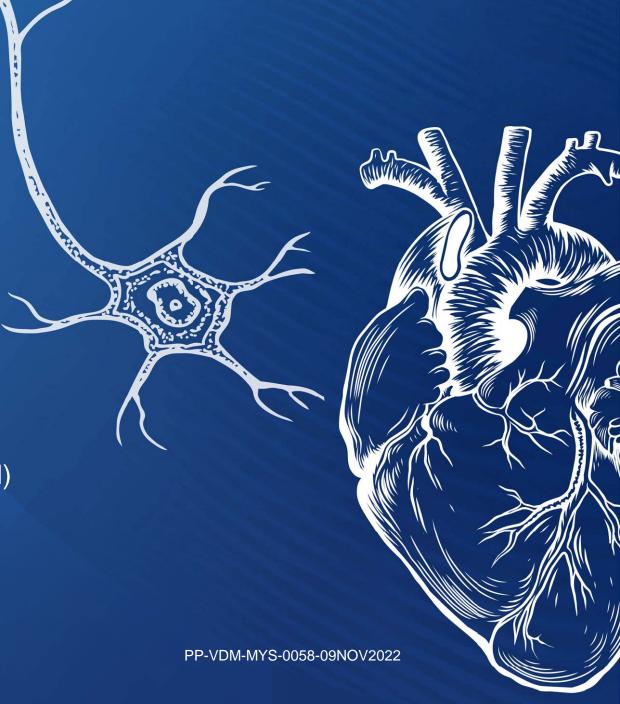


Invasive vs. Non-Invasive Tools for Diagnosis

Transthyretin amyloid cardiomyopathy (ATTR-CM)





Discover the Tools to Diagnose ATTR-CM

NON-INVASIVE



Nuclear scintigraphy

Nuclear scintigraphy, in combination with testing to rule out AL amyloidosis, can diagnose ATTR-CM with high sensitivity and specificity^{1,2}





Endomyocardial Biopsy (EMB)

EMB requires histology with positive Congo red staining with apple-green birefringence, which is also used to diagnose ATTR-CM^{1,3}





Genetic Testing

Genetic testing can also be used in the ATTR-CM diagnostic process⁴

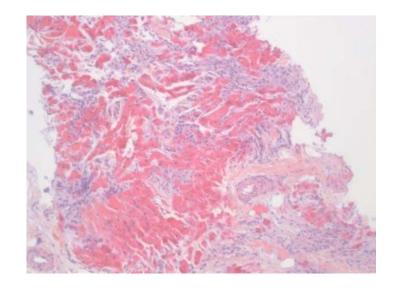
AL, immunoglobulin light chain amyloid fibril protein; ATTR-CM, transthyretin amyloid cardiomyopathy.

References: 1. Gillmore JD, Maurer MS, Falk RH, et al. Nonbiopsy diagnosis of cardiac transthyretin amyloidosis. Circulation. 2016;133(24):2404-2412.doi:10.1161 /CIRCULATIONAHA.116.021612. 2. Bokhari S, Castano A, Pozniakoff T, Desisle S, Latif F, Maurer MS. 99mTc-Pyrophosphate scintigraphy for differentiating light-chain cardiac amyloidosis from the transthyretin-related familial and senile cardiac amyloidoses. Gire Cardiovasc Imaging. 2013;6(2):195-201. doi:10.1161/CIRCIMAGING.112.000132. 3. Narotsky DL, Castano A, Weinsaft JW, Bokhari S, Maurer MS. Wild-type transthyretin cardiac amyloidosis: novel insights from advanced imaging. Can J Cardiol. 2016;32(9):1166.e1-1166.e10. doi:10.1016/j.cjca.2016.05.008. 4. Maurer MS, Elliott P, Comenzo R, Semigran M, Rapezzi C. Addressing common questions encountered in the diagnosis and management of cardiac amyloidosis. Circulation. 2017;135(14):1357-1377. doi:10.1161/CIRCULATIONAHA.116.024438



Endomyocardial Biopsy Is An Invasive Approach To Diagnose ATTR-CM¹⁻³

- Cardiac tissue biopsy:
 - Documents the extent of amyloid infiltration^{1,2}
 - Provides definitive etiologic classification of the amyloidogenic protein¹⁻³
 - Achieves a definitive classification to help rule out AL amyloidosis¹
- Congo red staining with apple-green birefringence under polarized light is indicative of cardiac amyloidosis³
- Tissue typing through immunohistochemistry and/or mass spectrometry aids in differential diagnosis between types of ATTR-CM¹
- Accuracy of biopsy depends on the type of amyloidosis and tissue tested¹
 - Diagnostic sensitivity of abdominal fat pad is 15% for wtATTR-CM and 45% for hATTR-CM⁴
 - Endomyocardial biopsy is nearly 100% sensitive and specific for ATTR-CM⁴



Illustrative representation of Congo red positive for cardiac amyloid. Image courtesy of Filiale d'Imagerie Cardiovasculaire.

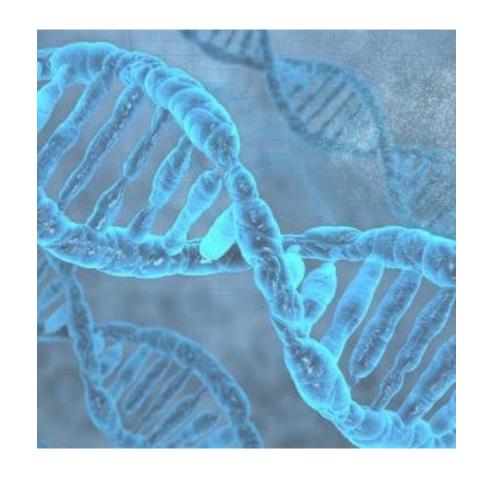


A negative biopsy may not necessarily rule out cardiac amyloidosis, as the distribution of amyloid deposits in the organ biopsied could be patchy and may vary.⁵



Genetic counseling and testing are recommended to distinguish between wtATTR-CM and hATTR-CM

wtATTR-CM and hATTR-CM cannot be distinguished by clinical profile alone¹ Genetic counseling and TTR gene sequencing are recommended in all forms of confirmed ATTR-CM¹ In healthy relatives of patients with hATTR-CM, pre- and postgenetic test counseling may be offered² Regularly monitor asymptomatic carriers of hATTR-CM for cardiac involvement^{3,4} Monitoring for hATTR-CM should begin 10 years before the established predicted age of onset of symptomatic disease⁴







Invasive vs. Non-Invasive Tools for Diagnosis

Transthyretin amyloid cardiomyopathy (ATTR-CM)

For Healthcare Professionals Only

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