

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/heart-matters/diagnostic-gap-attr-cm/49069/>

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Closing Diagnostic Gaps in ATTR-CM

Announcer:

This is *Heart Matters* on ReachMD. On this episode, we'll hear from Dr. Ronald Witteles, Professor of Cardiovascular Medicine at Stanford Medicine and Co-Director of the Stanford Amyloid Center and Multidisciplinary Sarcoidosis Program. He'll be discussing how recognition and diagnosis of transthyretin cardiac amyloidosis, or ATTR-CM, have evolved. Here's Dr. Witteles now.

Dr. Witteles:

Awareness of ATTR-CM has really improved over the last few years, and I think that's for several reasons. I'll say threefold. Number one is that we have treatments. Not that many years ago, but years ago, when we didn't have any treatments for the disease, it would be hard to make a case of, "Oh, we need to go and make this diagnosis where we can then say, 'Great, there's nothing we can do about it.'" So having treatments that have a large effect on patient outcomes drives interest, for good reason, in making diagnoses. That's number one.

Number two is we have a non-invasive way to make the diagnosis for most patients: ruling out a monoclonal protein and then performing bone scintigraphy, or PYP scan typically in the United States. It's easy to do, it's pretty inexpensive, and it's non-invasive. And that contrasts with endomyocardial biopsy, which was the way that almost all patients were diagnosed before bone scintigraphy became proven as a way to make a diagnosis in this disease, which is obviously invasive. It's often available only at specialized centers, and a lot of patients understandably say, "I don't really want to undergo a heart biopsy." So the ease of a non-invasive diagnosis made a big difference.

And then number three has been awareness campaigns. 10 to 15 years ago, you would go to cardiology meetings, and there would be no talks at all on ATTR amyloidosis, much less a session on ATTR amyloidosis. Now, you go to any major cardiology meeting, and if you don't look carefully, you're going to trip over about five different signs trying to educate people about the disease. There's scientific sessions, there's sponsor-based sessions. It's all over the place. You pick up a cardiology journal now, and there's a good chance that there's at least one ATTR amyloidosis article in it, and some of the major journals have had special issues entirely focused on amyloidosis. I'm actually Deputy Editor for *JACC Cardio-Oncology*, and one of our stated focuses is ATTR amyloidosis, along with AL amyloidosis, and we publish a lot in that space. And then finally, there's a lot of advertising efforts that are directed towards patients themselves.

It's really a combination of all three that has greatly increased diagnoses. Does that mean we're where we need to be? Absolutely not. I have zero doubt that the significant majority of patients who actually have this disease in the United States are still undiagnosed. So there's a lot of work to do, which is a lot better than it was five or ten years ago.

Announcer:

That was Dr. Ronald Witteles sharing insights on increasing awareness of ATTR-CM. To access this and other episodes in our series, visit *Heart Matters* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!