# ATTR Amyloidosis Backgrounder

#### **Disease Overview**

Transthyretin (ATTR) amyloidosis is an underdiagnosed, rapidly progressive, debilitating and fatal disease caused by toxic misfolded transthyretin (TTR) proteins. The toxic misfolded TTR proteins collect as amyloid deposits throughout the body, including the nerves, heart and digestive system, resulting in progressive organ damage. There are two different types of ATTR – hereditary ATTR (hATTR), which is caused by an inherited variant, or change, in the TTR gene, and wild-type ATTR (wtATTR), which occurs without a TTR gene variant.<sup>1-4</sup>

Worldwide, there are ~50,000 patients with hATTR2 and ~200,000 to 300,000 patients with wtATTR.1



#### **hATTR**

hATTR is an inherited autosomal dominant disease, meaning each child of a parent with the gene has a 50% chance of inheriting the genetic variant that causes the condition.<sup>4,5</sup> Though, inheriting the variant does not necessarily mean a person will develop symptoms of hATTR.<sup>4,5</sup> Although anyone may be at risk for this disease, it is more common among certain ethnicities, including those of African, Brazilian, French, Irish, Japanese, Portuguese and Swedish descent.<sup>4,6,7</sup> Without treatment, median survival from diagnosis is 4.7 years, and 3.4 years for patients presenting with cardiomyopathy.<sup>7-10</sup>



#### wtATTR

Unlike the hereditary version of the disease, wtATTR is associated with aging and is not passed down in the family.¹ It most commonly affects men who are age 60 or older, but it can also affect women.¹¹¹¹³ Without treatment, median survival following diagnosis is 2.5 to 5.5 years. wtATTR is the most common form of the disease which is often misdiagnosed and almost always characterized by cardiomyopathy. ¹⁴¹²0

# **Symptoms**

ATTR is a multisystem disease that may present with symptoms related to cardiomyopathy, sensory-motor neuropathy, autonomic neuropathy, musculoskeletal involvement and other symptoms.<sup>1,3,21,22</sup>



**Polyneuropathy** refers to nerve damage that affects sensation, movement, strength, the digestive system and other bodily functions.<sup>3,5,21</sup>



**Cardiomyopathy** is a disease of the heart muscle that makes it difficult for the heart to pump blood to other parts of the body, which can lead to heart failure.<sup>23</sup>

<sup>&</sup>lt;sup>1</sup> Information based on Alnylam modeling data.



1

# Common symptoms associated with ATTR include: 3,4,21,22,24,25,26,27

Cardiomyopathy:	
Abnormal heart rhythms (arrhythmias)	
Leg swelling (edema)	
Fainting	
Shortness of breath	

Sensory-motor neuropathy:	
Difficulty walking	
Weakness	
Tingling, pain and numbness	
Loss of sensitivity to temperature	

Autonomic neuropathy:
Sudden falls
Recurrent urinary tract infections (UTIs
Diarrhea, constipation, nausea, vomitin
Unintentional weight loss
Sexual dysfunction

Musculoskeletal symptoms:	
Bilateral carpal tunnel syndrome	
Biceps tendon rupture	
Lumbar spinal stenosis	
Osteoarthritis	
Trigger finger	
	Bilateral carpal tunnel syndrome  Biceps tendon rupture  Lumbar spinal stenosis  Osteoarthritis

Other symptoms:	
Glaucoma	
Blurred or spotty vision	
Floaters in the eye	

Symptoms vary from person to person,  $^4$  often increasing in severity as the disease progresses, leading to significant disability, decreased quality of life and loss of physical function, including:  $^{12,21,28,29}$ 

Decreased ambulation: <sup>3,21,30</sup>
Inability to walk unaided
Wheelchair-bound or bedridden

Decline in daily function: <sup>31-34</sup>	
Impairment in self-care	
Impairment in ability to perform usual activities	
Pain/discomfort	

Social burden: 35,36	
Anxiety	
Depression	



## **Diagnosis**

Timely and appropriate diagnosis of ATTR requires differentiating between hATTR and wtATTR.3

ATTR can be diagnosed using a variety of neurologic and cardiac assessments. These may include nerve conduction studies, laboratory tests, echocardiograms, cardiac magnetic resonance imaging (CMRI) and scintigraphy with bone tracers. <sup>4,22</sup> A tissue biopsy may be used to confirm the presence of TTR amyloid protein and can help establish a diagnosis. <sup>12</sup>

Both wtATTR and hATTR have symptoms that can be similar, so it is important to determine if someone carries a gene variant associated with the condition. Genetic testing can identify the specific TTR variant and help confirm a diagnosis, which can inform whether other family members should also get tested.

## For more information on ATTR visit Alnylam.com or contact media@alnylam.com.

- <sup>1</sup> Hawkins PN, Ando Y, Dispenzeri A, Gonzalez-Duarte A, Adams D, Suhr OB. Ann Med. 2015;47(8):625-638.
- <sup>2</sup> Gertz MA. Am J Manag Care. 2017;23(7):S107-S112.
- <sup>3</sup> Conceicao I, Gonzalez-Duarte A, Obici L, et al. J Peripher Nerv Syst. 2016;21:5-9.
- <sup>4</sup> Ando Y, Coehlo T, Berk JL, et al. Orphanet J Rare Dis. 2013;8:31.
- <sup>5</sup> Shin SC, Robinson-Papp J. Mt Sinai J Med. 2012;79(6):733-748.
- <sup>6</sup> Rowczenio DM, Noor I, Gillmore JD, et al. *Hum Mutat*. 2014;35(9):E2403-E2412.
- <sup>7</sup> Gertz MA, Kyle RA, Thibodeau SN. Mayo Clin Proc. 1992;67(5):428-440.
- <sup>8</sup> Swiecicki PL, Zhen DB, Mauermann ML, et al. Amyloid. 2015;22(2):123-131.
- <sup>9</sup> Castaño A, Drachman BM, Judge D, Maurer MS. Heart Fail Rev. 2015;20(2):163-178.
- $^{10}$  Sattianayagam PT, Hahn AF, Whelan CJ, et al. Eur Heart J. 2012;33(9):1120-1127.
- <sup>11</sup> Rapezzi C, Quarta CC, Riva L, et al. Nat Rev Cardiol. 2010;7(7):398-408.
- <sup>12</sup> Lane T, Fontana M, Martinez-Naharro A, et al. Circulation. 2019;140:16-26.
- <sup>13</sup> Gonzalez-Lopez E, Gagliardi C, Dominguez F, et al. Eur Heart J. 2017;38(24):1895-1904.
- <sup>14</sup> Grogan M, Scott CG, Kyle RA, et al. J Am Coll Cardiol. 2016;68(10):1014-1020.
- <sup>15</sup> Siepen FAD, Bauer R, Voss A, et al. *Clin Res Cardiol*. 2018;107(2):158-169.
- <sup>16</sup> Connors LH, Sam F, Skinner M, et al. *Circulation*. 2016;133(3):282-290.
- <sup>17</sup> Givens RC, Russo C, Green P, Maurer MS. *Aging Health*. 2013;9(2):229-235.
- <sup>18</sup> Pinney JH, Whelan CJ, Petrie A, et al. *J Am Heart Assoc*. 2013;2:e000098.
- <sup>19</sup> Ruberg FL, Maurer MS, Judge DP, et al. Am Heart J. 2012;164(2):222-228.e1.
- <sup>20</sup> Gillmore JD, Damy T, Fontana M, et al. Eur Heart J. 2018;39(30):2799-2806.
- <sup>21</sup> Maurer MS, Hanna M, Grogan M, et al. J Am Coll Cardiol. 2016;68(2):161-172.
- <sup>22</sup> Maurer MS, Bokhari S, Damy T, et al. *Circ Heart Fail*. 2019;12(9):e006075.
- <sup>23</sup> Maron BJ, Towbin JA, Thiene G, et al. *Circulation*. 2006;113(14):1807-1816.
- <sup>24</sup> Triguero A, Gonzalez-Costello J, Lopez-Marne S, Llop A, Pane M, Yun S. Eur J Ortho Surg Traumatol. 2022;32(3):575-581.
- <sup>25</sup> Uotani K, Kawata A, Nagao M, Mizutani T, Hayashi H. *Intern Med.* 2007;46(8):501-504.
- <sup>26</sup> Mitter SS, Gorevic PD, Simpson D, et al. Cardiac Amyloidosis at Mount Sinai: review of 164 cases with special reference to associated arthropathy, neuropathy, myopathy and gammopathy. Presented at: 17th International Symposium on Amyloidosis; Sept. 14-18, 2020; Virtual.
- <sup>27</sup> Galant NJ, Westermark P, Higaki JN, Chakrabartty A. Clin Sci (Lond). 2017;131(5):395-409.
- <sup>28</sup> Adams D, Suhr OB, Hund E, et al. Curr Opin Neurol. 2016;29(Suppl 1):S14-S26.
- <sup>29</sup> Dharmarajan K, Mauer MS. J Am Geriatr Soc. 2012;60(4):765-774.
- <sup>30</sup> Coutinho P, Martins da Silva A, Lopes Lima J, Resende Barbosa A. *Excerpta Medica*. 1980;497:92-94.
- <sup>31</sup> Stewart M, Shaffer S, Murphy B, et al. Neurol Ther. 2018;7:349-364.
- <sup>32</sup> Vinik EJ, Vinik AI, Paulson JF, et al. J Peripher Nerv Syst. 2014;19(2):104-114.
- <sup>33</sup> Vinik EJ, Hayes RP, Oglesby A, et al. *Diabetes Technol Ther*. 2005;7(3):497-508.
- <sup>34</sup> Pruppers MHJ, Merkies ISJ, Faber CG, et al. J Peripher Nerv Syst. 2015;20(3):319-327.
- <sup>35</sup> Lopes A, Sousa A, Fonseca I, et al. *J Community Genet*. 2018:9:93-99.
- <sup>36</sup> Rintell D, Heath D, Mendendez FB, et al. Orphanet J Rare Dis. 2021;16:70.

