

# Hereditary ATTR (hATTR) Amyloidosis Backgrounder U.S. Version

## Disease Overview

Hereditary transthyretin-mediated (hATTR) amyloidosis is a rapidly progressive and life-threatening disease. The condition is caused by a mutation in the transthyretin (TTR) gene.<sup>1,2,3</sup> TTR protein is produced primarily in the liver and is normally a carrier of vitamin A.<sup>4</sup> The mutation results in the accumulation of amyloid deposits in multiple organs of the body, including the nerves, heart, and gastrointestinal (GI) tract.<sup>1,2,3</sup> The condition can have a debilitating impact on a patient's life and may lead to premature death within 4.7 years following diagnosis.<sup>5</sup>

## Cause

hATTR amyloidosis is an autosomal dominant disease caused by a mutation in the TTR gene, meaning a person needs only one copy of the mutant gene to manifest the disease, therefore, it can be inherited from one parent.<sup>4,6</sup> More than 120 different TTR gene mutations have been identified, with predominant symptom presentation varying by genotype.<sup>7</sup> The most common mutations in the US are V122I, T60A and V30M.<sup>8</sup> Some mutations are more common in certain populations, including those of Portuguese, Swedish, Japanese, African, and Irish descent.<sup>6,9</sup>

## Symptoms

hATTR amyloidosis is a multisystem disease with heterogeneous symptom presentation, meaning the types and severity of symptoms and onset vary from person to person.<sup>3</sup> Common symptoms include:<sup>2</sup>

<b>Peripheral sensory-motor neuropathy</b>	<b>Autonomic dysfunction</b>
Neuropathic pain	Orthostatic hypotension
Paresthesia	Recurrent urinary tract infections
Weakness	
<b>GI manifestations</b>	<b>Cardiovascular manifestations</b>
Diarrhea	Conduction abnormalities
Nausea	Arrhythmias
Vomiting	Heart Failure

Symptoms of hATTR amyloidosis can progress quickly, leading to significant disability and dysfunction, including:<sup>6,10</sup>

<b>Decreased ambulation<sup>11</sup></b>	<b>Decline in daily function<sup>12,13,14</sup></b>	<b>Social burden<sup>15</sup></b>
Inability to walk unaided	Impairment in self-care	Anxiety
Wheelchair-bound or bedridden	Impairment in ability to perform usual activities	Depression
	Pain/discomfort	

## Diagnosis

Accurate diagnosis of hATTR amyloidosis is often delayed for years due to its constellation of symptoms, which may overlap with other more common diseases.<sup>6</sup> Multiple specialists are often seen prior to diagnosis. Since the etiology of hATTR amyloidosis is different from that of other diseases with polyneuropathy and cardiomyopathy, a misdiagnosis could lead to ineffective or possibly detrimental treatment.<sup>16</sup> hATTR amyloidosis should be considered in patients with progressive polyneuropathy or cardiomyopathy, especially in those with a family history of hATTR amyloidosis.

hATTR amyloidosis is diagnosed in a variety of ways; however, biopsies are commonly used to confirm the presence of TTR amyloid protein. Genetic testing may also be used to identify the specific TTR mutation and help confirm a diagnosis. Other diagnostic tests for hATTR amyloidosis may include nerve conduction studies, renal function tests, echocardiograms, cardiac magnetic resonance imaging (MRI), and scintigraphy with bone tracers.<sup>17</sup>

**For more information on hATTR amyloidosis visit [Alnylam.com](http://Alnylam.com) or contact [media@alnylam.com](mailto:media@alnylam.com).**

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<sup>1</sup> Adams D, Coelho T, Obici L, et al, *Neurology*. 2015;85(8):675-682.

<sup>2</sup> Conceicao, et al, *Journal of the Peripheral Nervous System*. 2016;21:5-9.

<sup>3</sup> Shin, et al, *Mt Sinai J Med*. 2012;79(6):733-748.

<sup>4</sup> National Institutes of Health: Department of Health and Human Services. Genetics Home Reference. Transthyretin amyloidosis. <https://ghr.nlm.nih.gov/condition/transthyretin-amyloidosis#inheritance>. Accessed January 24, 2018.

<sup>5</sup> Swiecicki P, Zhen D, Mauermann M, et al, *Amyloid* 2015;22(2):123-131.

<sup>6</sup> Ando, et al, *Orphanet J Rare Dis*. 2013;8:31.

<sup>7</sup> Rowczenio, et al, *Human Mutation*. 2014;35:2403-2412.

<sup>8</sup> Ruberg F, Berk J, et al, *Circulation*. 2012;126(10):1286-1300.

<sup>9</sup> Reilly M, Staunton H, Harding AE. *Journal of Neurology, Neurosurgery and Psychiatry* 1995;59:45-49.

<sup>10</sup> Dharmarajan K, Mauer M, *J Am Geriatr Soc*. 2012;60(4):765-774.

<sup>11</sup> Coutinho, et al, *Excerpta Medica*. 1980;497:92-94.

<sup>12</sup> Vinik, et al, *J Periph Nerv Syst*. 2014;19:104-114.

<sup>13</sup> Vinik E, Hayes R, Oglesby A, et al, *Diabetes Technology & Therapeutics* 2015;7(3):497-508.

<sup>14</sup> Pruppers M, Merkies I, Faber C, et al, *Journal of Peripheral Nervous System* 2015;20:319-327.

<sup>15</sup> Lopes A, Sousa A, Fonseca I, et al, *J Community Genet* 2018;9:93-99.

<sup>16</sup> Dungu, et al, *Heart*. 2012;98(21):1546-1554.

<sup>17</sup> Adams D, Suhr OB, Hund E, Obici L, et al, *Curr Opin Neurol*. 2016 Feb;29 Suppl 1:S14-26.