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Exploring Tafamidis Survival Data in Elderly Patients with ATTR-CM

Dr. Blevins:

This is *AudioAbstract* on ReachMD. I'm Dr. Hallie Blevins, and today, I'll be diving into a large, multicenter analysis from the French Healthcare European Amyloidosis Registry, also called HEAR, which explored the impact of tafamidis on survival among patients aged 80 and older with transthyruhtin amyloid cardiomyopathy, also known as ATTR-CM.

The investigators analyzed 1,380 patients with ATTR-CM aged 80 years or older. Of this group, 1,194 patients were treated with tafamidis after its availability in France in late 2018, while 186 patients diagnosed earlier served as an untreated historical comparison. Now, this was not a randomized trial—it was an observational registry study—but the authors took care to address baseline imbalances using propensity score matching.

At baseline, treated patients were actually older than untreated patients—with a median age of 86 versus 83 years—but notably less advanced in terms of disease severity. They had significantly fewer NYHA class three to four symptoms, lower NT-proBNP levels, decreased high-sensitivity troponin T, and less interventricular septal thickening. These differences also reflect important shifts in clinical practice over time, including better recognition of ATTR-CM, earlier diagnosis, and treatment initiation before advanced cardiac remodeling sets in.

Survival outcomes were striking. At three years, survival was 57 percent in tafamidis-treated patients compared with 40 percent in untreated patients. Median survival was not reached in the treated group, but 29 months was reported for the untreated cohort. In Cox regression analysis, lack of tafamidis treatment was associated with more than double the risk of death, with a hazard ratio of 2.3. And this trend was also observed after propensity score matching, where untreated patients again showed a significantly higher risk of death with a hazard ratio of 2.2.

What's especially compelling is that the benefit held up across functional and age subgroups. Among treated patients aged 80 to 85 years, three-year survival reached 68 percent. Even in patients older than 85 years, which is a group often excluded or underrepresented in trials—three-year survival was 58 percent with tafamidis. In contrast, untreated patients over 85 had a three-year survival of just 38 percent, with a median survival of 24 months.

Importantly, survival advantages were seen even among patients with more advanced NYHA class three or four symptoms, suggesting that benefit is not limited to early disease alone.

The multivariable analysis reinforces familiar prognostic themes in ATTR-CM. Higher NT-proBNP and creatinine were associated with worse survival, while preserved left ventricular ejection fraction remained protective. And these findings align with prior studies but are uniquely informative because of the advanced age of this population.

As for limitations, the lack of randomization means residual confounding is possible, even with careful matching. But still, this is the largest cohort to date with patients over 80 years old treated with tafamidis.

This has been an *AudioAbstract*, and I'm Dr. Hallie Blevins. To access this and other episodes in our series, visit ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!

Reference

Jobbé-Duval A, Kharoubi M, Donal E, et al. Impact of Tafamidis on survival in elderly patients: Insights from the Healthcare European Amyloidosis Registry. *Int J Cardiol*. 2025;437:133522. doi:10.1016/j.ijcard.2025.133522