

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/attr-cm-equity-outcomes/49076/>

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Looking Ahead in ATTR-CM Care: Improving Diagnosis, Outcomes, and Equity

Announcer:

Welcome to *Heart Matters* on ReachMD. On this episode, we'll hear from Dr. Frederick Ruberg, Chief of Cardiovascular Medicine at Boston Medical Center and Thomas J. Ryan Professor of Cardiovascular Medicine at Boston University Chobanian and Avedisian School of Medicine. He'll be sharing his perspective on improving equity and outcomes in the management of transthyretin amyloid cardiomyopathy, or ATTR-CM. Let's hear from Dr. Ruberg now.

Dr. Ruberg:

I think the future of diagnosis is really going to revolve around implementation of systemic screening strategies, whether they use established clinical risk scores like the Mayo Score or AI to identify more patients who otherwise are basically flying under the radar and are not diagnosed. We estimate that there may be 200,000 to 300,000 undiagnosed ATTR cardiac amyloidosis patients right now in the US.

On the horizon is new imaging testing for amyloidosis. There has been a phase three clinical trial of a new PET agent called evazamotide, the results of which are to be fully released, but it has been publicly announced that the clinical trial that tested this agent, REVEAL, achieved its top-line results. I expect to see these results published sometime towards late summer of this year.

And another exciting class of agents that's in development are agents that remove amyloid that's already been deposited in the heart. These are called depletion agents. We now have therapies that stop or slow progression, but we don't have anything to remove deposited amyloid.

These could be game changers because they could help patients who have more advanced disease achieve better hemodynamics, better relaxation properties, and hopefully better outcomes as well associated with these changes.

In respect to equity, I think widespread screening across broad demographic groups will help restore any inequities that residually exist in diagnosis of disease. I'd like to say that the democratization of genetic testing—the capacity to order genetic testing broadly and inexpensively or for free—would allow us to identify variant carriers for variants like V142I. We'd then know they're at risk for ATTR amyloidosis, so they and their family members can be followed regularly and systematically, so that at the earliest evidence they develop amyloidosis, we could get them on therapy.

So with that, I think that there's really great potential for bending the curve in this disease and rendering something that we always thought of as rare and uncommon into something that's probably fairly common once we start looking for it. And now we can treat it and achieve great outcomes.

Announcer:

That was Dr. Frederick Ruberg discussing how we can improve equity and outcomes in our approach to ATTR-CM care. 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!