

Transcript Details

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Diagnosing ATTR-CM: Recent Advances and Future Directions

Announcer:

You're listening to *Heart Matters* on ReachMD. On this episode, Dr. Ronald Witteles will discuss how we can address challenges in diagnosing transthyretin amyloid cardiomyopathy, or ATTR-CM. He's a Professor of Cardiovascular Medicine at Stanford Medicine and Co-Director of the Stanford Amyloid Center and Multidisciplinary Sarcoidosis Program. Here's Dr. Witteles now.

Dr. Witteles:

I think the biggest challenge for community clinicians, or frankly any clinician, is simply knowledge. It's not a difficult diagnostic pathway to implement. It's three lab tests—two blood and one urine that can be done in one trip to the lab—plus a nuclear medicine test that's easy to perform, inexpensive, and widely available. It really is just when to think about it and then knowing the right sequence of tests to order.

Ultimately, this is a disease that, though not common like coronary artery disease, is really not a truly rare disease. So I think there's enough patients with this that if we do our job right from an education standpoint, this should be something that community cardiologists are comfortable diagnosing and even starting treatment for.

I do think there's some developments that will hopefully help improve diagnosis of ATTR-CM. One, again, continues to be more education and awareness. I'm delighted with how much this has improved over the last five to ten years. But there's still work to educate people about the disease, when to suspect it, and the testing to order.

There are newer nuclear tracers that are being developed, and one in particular looks very promising for being a just simply better tracer than technetium pyrophosphate, or PYP. It can hopefully help deal with some of the problems with PYP, which can include some false positives because if the test isn't done or interpreted right, for example, one can read uptake that's actually in the blood pool that's not in the heart. And it can also help get to this issue of AL amyloidosis being sometimes positive and sometimes negative in PYP. So for example, if you have a tracer that will be positive in both diseases, then you could always start with just a nuclear medicine test, and if it comes back negative, then you could be comfortable with ruling out both forms of the disease. I'd say those are the two big things: more education and better nuclear tracers.

Announcer:

That was Dr. Ronald Witteles talking about how we can address gaps in ATTR-CM diagnosis. 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!