

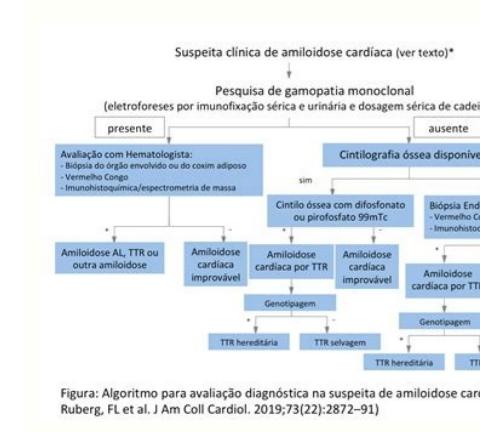
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Organ	Test	Criteria
Kidney	24-hour urine ECG	Proteinuria >1.5 g/24 h, predominantly albumin Value = 1 mm in urik acid leads (indirect evidence)
Heart	NT-proBNP Echocardiogram	Normal values probably exclude myocardial involvement Mean wall thickness = 12 mm; no other cardiac cause Combination of ECG ventricular hypertrophy and low voltage on ECG leads
Liver	Cardiac MRI	Delay in suboesophageal pulsion enhancement
	Alkaline phosphatase	Value >1.5x upper limit of normal
Gastrointestinal tract	Imaging studies	Hepatosplenomegaly = 15 cm in the absence of heart failure
Nerve	Direct biopsy Clinical EMG Autonomic function tests	Historical Symmetric lower extremity sensory neuropathy Glove and stocking hyposthesia Intestinal dysmotility (gastric emptying disorder, pseudo-obstruction, voiding dysfunction) Dilation of the intestinal lumen Histological Macroscopic, jaw claudication, skin lesions Carpal tunnel syndrome Histological
Lung	Imaging studies	
Skin and soft tissue	Direct biopsy	

The diagram illustrates the molecular events leading to amyloid formation. It starts with the Amyloid precursor protein (APP) being processed by BACE1 (B) and C9orf34 (C). The resulting fragments interact with microenvironmental factors (D) like microorganisms, metals, and matrix components (GAGs, collagen). This leads to the formation of Oligomers, which then aggregate into Amyloid fibrils. Amyloid fibrils are shown causing Organ dysfunction. Extracellular chaperones (E) like GAGE and SAP are shown inhibiting this process.



Ruberg, FL et al. J Am Coll Cardiol. 2019;73(22):2872-91

Recommendations	Class <sup>a</sup>	Level <sup>b</sup>	Ref <sup>c</sup>
Electrical cardioversion or pharmacological cardioversion with amiodarone may be considered in patients with persisting symptoms and/or signs of HF, despite OMT and adequate control of ventricular rate, to improve clinical/symptomatic status.	IIb	B	344
AF ablation may be considered in order to restore sinus rhythm to improve symptoms in patients with persisting symptoms and/or signs of HF, despite OMT and adequate control of ventricular rate, to improve clinical/symptomatic status.	IIb	B	279, 363
Amiodarone may be considered prior to (and following) successful electrical cardioversion to maintain sinus rhythm.	IIb	B	342, 360
Dronedarone is not recommended because of an increased risk of hospital admissions for cardiovascular causes and an increased risk of premature death in NYHA Class III–IV patients.	III	A	247, 347
Class I antiarrhythmic agents are not recommended because of an increased risk of premature death.	III	A	248, 364, 365

AF = atrial fibrillation; HF = heart failure; NYHA = New York Heart Association

AF = atrial fibrillation; HF = heart failure  
OMT = optimal medical therapy

OMT = optimal medical therapy.  
Patients should generally be anticoagulated for 6 weeks prior to electrical cardioversion.

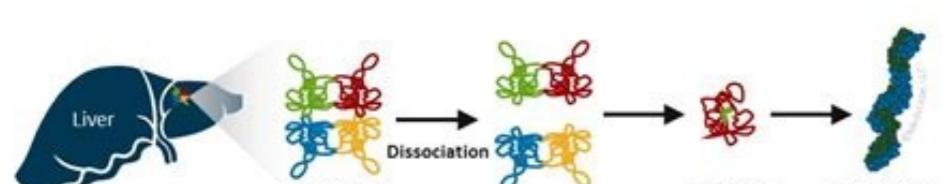
### <sup>3</sup>Class of recommendation

**b** Level of evidence

<sup>c</sup>Reference(s) supporting recommendations.

## Strategies to Prevent TTR Amyloid Deposition

- Stabilize tetrameric form of TTR using
    - Tafamidis
    - NSAIDs (diflunisal)
    - AG10
  - Knock down production of all forms of TTR in all by RNAi technology.



Cardiac amyloidosis guidelines esc. Esc guidelines for aortic disease. Hocm guidelines esc. Rheumatic heart disease esc guidelines.

Doi: 10.1016 / j.jchf.2019.04.010crossrefmedlinegoogle Scholar11. In a study of 45 patients with amyloid cardiopathy (32 with att-cm), an ICD was placed for primary prevention in 38 of patients. Effects of Patisaren, a RNA interference therapy, in cardiac parameters in patients with hereditary-mediated amyloidosis. Circulation. Doi: 10.1016 / j.hrthm.2019.09.019crossrefmedlinegoogle Scholar53. A link appears to the "Copyright Permissions Application Form" in the second paragraph (.References1 . Non-biopsy diagnosis of cardiac transtytin amyloidosis. Circulation. 2012; 9: 1069 "1075. The decrease in poorly folded TTR levels may reflect the response to therapy, 59, but the role of surveillance images and laboratories to evaluate the response or changes guide therapy requires More study. Such as Inotersen and Patisran may improve the results in Attr-CM, such conclusions should wait for the results of adequately driven clinical trials. The 2016 International Society for the Lung Transplant List Criteria for the Transplant of Heart: A 10-year update. 2017; 24: 219 "225. Improved results after heart transplant for cardiac amyloidosis in the modern era. J Cardiac pulmon transplantation. Doi: 10.1080 / 13506129.2018.1519507crossrefmedlinegoogle Scholar43. Palladini G, Russo P, Bosoni T, Verga L, Sarais G, LavaTelli F, Nuvolone M, Obici L, Casarini S, Donadei S, ET al .. Hereditary mutations at the Aminyidais de Tranquilina cardiac variant (ATTRV) or the process of Wild age in savage -the type (Attwt) causes destabilization of la proteána ttr en monhamers u oligã³mers, which In amyloid fibrils. DOI: 10.1080/13506129.2018.1556156CROSSREFMEDLINEGOOGLE SCHOLAR62. Doi: 10.1161/Circulationaha.118.035831LINKGOOGLE SCHOLAR40. DOI: 10.1097/HCO.0000000000000547CROSSREFmedlinegoogle Scholar33. Declaration of consensus of experts of HRS 2019 on evaluation, stratification of risks and management of myocardiopathy arrhythmogynesses: Executive summary. DOI: 10.1093/EURHERTJ/EHR383CROSSREFmedlinegoogle Scholar32. Current and future studies will evaluate these unanswered knowledge gaps, and the defense of the worlds To pay them. Writing of dissemination The compensation group of the research group of research à, - à „ç Office/Honorary Witness of Interesting Testimony/Advisor Boardothermichelle M. Doi: 10.1007/S00392-012-0463-ZCROSSREFMEDLINEGOOGLE SCHOLAR48. Liu D, Hu K, Niemann M, Herrmann S, Cikes M, Stä¶rk S, Gaudron PD, Knop S, Ertl G, Bijnens B, et al .. 2012; 33: 1120 à, - 1127. 2016; 133: 2404 "2412. Mohammed SF, Mirzoyev SA, Edwards WD, Dogan A, Grogan Dr, Dunlay SM, Roger VI, Gertz Ma, Dispenzieri A, Zeldenrust Sr, et al .. preclusion studies showed that the most tudca doxycycline (Tauoursodeoxicolic óido) eliminated amyloid deposits. Doi: 10.1016/j.jacc.2005.05.073crossrefmedlinegoogle Scholar17. Perugini e, Guidalotti pl, Salvi F, Cooke RM, Pettinato C, Riva L, Leone O, Farsad M, Farsad M, Fars P, bacchi -regiani l, et al .. amyloidosis of wild type tramplartine as a cause of heart failure with preserved ejincion fraction. Amyloidosis with myocardiopathy; patisiran) 35 and neuro-ttr and the safety of the inotersen in the family amyloid poleuropathy; Inotersen) .36 Both demonstrated the most slow progression of polyuropathy related to amyloidosis. Although it was not proceeded explicitly, there is evidence that TTR silencers can have beneficial cardiac effects. 2019; 4: 466-472. With the advent of the Food and Drug Administration of the United States, approved therapies, the therapy roles of these agents are uncertain. 2019; 26: 3- 9. Given the now recognized clinical relevance of ATR-CM, the media must have a high index of suspicions for cardiac amyloidosis when patients present with clinical tracks and should invoke a rational diagnostic algorithm to evaluate both To evaluate Al-cm and ATT-CM. Judge DP, Heitner SB, Falk Rh, Maurer MS, Shah SJ, Witteles RM, Grogan M, Selby Vn, Jacoby D, Hanna M, et al .. Shahvirginia Commonwealth UniversityidosÀ à, - ALERNYAMÀ à, - NOAKCEA- NONENEPFISMIZER \* NingFootNoteshttps: //www.ahajournals.org/journal/circthe American Heart Association Likes everything possible to avoid any conflict of real or potential interests that may arise as a result of an external relative or a professional , professional, professional, or commercial interest of a member of the writing panel. TTR (TRANSTHYRETIN) stabilizers are associated with improved survival in patients with TTR cardiac amyloidosis. Circ Fail. 2012; 101: 805- 813. Martinez-Naharro A, Treibel Ta, Abdel-Gadir A, Bulluck H, Zumbo G, Knight DS, Kotecha T, Francis R, Hutt DF, Rezk T, et al. In the approach of personalized medicine to optimize the dose of Tafamidis to improve the improvement. AMILOYOIS OF TRANSTHYretin of wild type (cardiomyopathy) .amyloid. Diagnostic sensitivity of abdominal fat aspiration in cardiac amyloidosis. Corazã "N of the heart" N J. Summary of agents of modification of the BUSCIA Available for attrugringings / Approves dossification / presentation inclics inclusive of the key of the inclusion , 80 mg UNA Alt. Al Daa de Lay Acto33 Inclusive "N:" Del Sepal Diastamico € "History Cardinacaa" æ'nt-probnp À € ° ° ¥ 600 pg / mlexclusion: à ç áference æ'6mwt 1.5. 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Atr-CM is no longer considered precise as a diagnostic "Zebra". DOI: 10.1016/J.Healun.2015.10.023CROSSREFMEDLINEGOOGLE SCHOLAR58. Solomon Sd, Adams D, Kristen A, Grogan M, Gon shoot geny advice and potential detection of family members; The identification of the Val121LE mutation suggests an aggressive progress that deserves closely closely; and certain therapies are currently approved only for Attrv. The neurological consultation should be carried out if the neurological affection is present or suspicion or if the identified mutation is associated with neurological affection. Doi: 10.1161/Circulationaha.119.045093Linkgoogle Scholar (Subsidation of research through the institution)\*Nonenenenenenepfizer, Inc.\*DiviersingSHANSHIPSHIP OF DIVLESSSHIP OF DIVLESSSSSSSSSURESSEARTHOR ORTHERTHER ORTHERTHER. Cardhaes devices in patients with transportation amyloidosis: impact on the functional class, left ventricular function, mitral regurgitation and mortality. J cardiovasc electrophisiol. 2008; 3: 1684 "1690. 2019; 322: 422" 429. DOI: 10.1016/J.JCMG.2016.01.036CROSSREFmedlinegoogle Scholar21. Pagourelia Ed, Mirea O, Duchenne J, Van Cleemput J, Delforge M, Bogaert J, T, Voigt Ju. Result and incidence of the proper implantable cardioverter defenser therapy in patients with cardãaca amyloidosis. Int j cardiol. Other agents, including monoclonal antibodies such as Prx004, are under investigation.48 Aproación , the management of arrhythmias and initiation of the disease-modifying agents .Figure 4. Changuniverse of North Carolinanonenonenonenonenonehoward J. Unique Identifier: NCT02319005) .timing of Initiation of Disease-Modifying agentsgive the Lack of consensus on defining TTR Mutations and What Methods (Imaging or Biomarkers) Should Be used to monitor the disease progress, the time of the beginning of therapy on Attrv carriers remains an uncertainty of uncertainty. In contrast, in patients with advanced disease, it is unlikely that the treatment aimed at the stabilization of TTR is of significant benefit. Despite the independent foundations for charity assistance, the most common income was 500% of the federal poverty level (annual income of \$ 62 450 for an individual and \$ 84,550 for a married couple in 2019). 63 There is a significant number of patients who may fall above these thresholds, but for whom this annual pocket expense would not be feasible in fixed income. Manufacturing have pledged to work with insurers and patients to ensure that no one who deserves the medication is private by cost, but the practice and impact of such commitments have not been completely demonstrated, and an analysis of Tafamidis profitability indicated that the price of the list should be reduced by> 90% to make it profitable.64 Therefore, a growing concern, for what It is not unique but perhaps emblematic, it is the gap between the ideal dices and the ability of patients to pay them. CONCLUSIONS The landscape for the diagnosis of The therapy for att-cm is evolving quickly. 2016; 68: 1014 "1020. 2013; 32: 563" 568. Cardiac amyloidosis is caused mainly by poorly folded monoclonal immunoglobulin light chains (ALS) of an abnormal clonal proliferation of plasma or amyloidosis (ATTR), a hepatic synthetic protein previously called nuclei that is Normally involved in transporting the hormone hormone thyroxine and union protein to retinol. Doi: 10.1161 / circheartfailure.117.004769Linkgoogle Scholar42. Note that the slight elevations in the Kappa / Lambda serum ratio are frequently produced in patients with kidney disease, and in the context of normal immunofixation, a Kappa / Lambda relationship of up to 3.0 may be Normal.21 Consultation with A hematologist considered in such circumstances. Adams D, Gonzalez-Duarte A, OÃ ç à, Á "ç Riordan WD, Yang DC, Ueda M, Kristen Av, Tournev I, Schmidt HH, Coelho T, Berk Jl, et al .. Westermark P, Westermark GT, SUHR OB, BERG S. The median survival after diagnosis in untreated patients is poor: à € 99% sensitive for amyloidosis. 24,25Assment of ATR-CM with the gammagram ósea is performed by semiquantitative or quantitative approaches (Figure 2). Raina S, Lennsing Sy, Nairoz RS, Pothineni NV, Hakeem A, Bhatti S, Pandey T, Maurer MS, Schwartz JH, Gundapaneni B, Elliott PM, Merlini G, Waddington-Cruz M, Kristen Av, Grogan M, Witters R, Damy T, et al.; Attry Act study researchers. DOI: 10.1056 / NEJMoa1504942CROSSREFMEDLINEGOOGLE SCHOLAR49. Clotic tracks of the cardage of routine that must request an additional diagnostic assessment for cardãaca-mmtraditive guidelines mutardiacardiaciraciacióles for antihypertensive medications or heart failure due to symptoms or orthostatic hypotens. postprandial dialog Provoked, hip arthroplasty and knee sante de la From Cardiompiopathyast inframity, it is important Patients often have an advanced disease.13 therefore, although useful if present, the absence of low voltage in the ECG should not dissuade the methods by considering ATT-cm as a potential cause of HFPEF in the context Appropriate clinic Labor approach for testing on cardiac amyloidosity echocardiography. It offers tracks that prolose additional testing and cardiac magnetic resonance imaging14,15 can indicate an infiltratory process, the use of 99mtechnetnet jet AVID compounds (99mTechneTrnetinix (99MTChenChenCetiniurial (99MtCnchnetinix) represents a change of paradigm because you are Explorations allow non-invasive diagnosis of ATR-CM, although the basis for the union to amyloid deposits remains unknown. 16-16- The 1899MTC compounds include PYP (pyrophosphate), DPD (3,3-dishibpho -1,2-propanodicarboxylic) and hydroxymethylene diposphonate; PEP is used in the United States. Early diagnosis of Ameloidosis ARTE through the target monitoring of the identified carriers of genetic mutations TTR.MIOLID. 2020; 142: E7- E22 IUM More than 30 proteins can

form amyloid fibers in vivo, and the classification is based on the precursor protein. 2019; 73: 589- 597. Senic identifier: NCT03322319), HFPEF patients with higher wall thickness (Cardiac Amyloidosis of Transthyretine in HFPEF; URL: ClinicalTrials.gov. Prevalence and pronouncement significance of low tension QRS between the three main types of amyloidosis. AM J Cardiol. Atrial dysfunction can be reflected by decreasing the wave amplitude and the left atrial appliance rates on echocardiography, and in such cases, the Empiraica can even be guaranteed in the sinus rhythm.49 There is no definitive comparison of warfarin and direct oral anticoagulants to prevent thromboembolism in this context. As a result of atrial dysfunction in ATR-CM, anticoagulation is indicated for atrial atrial Regardless of the score of Cha2DS2-VASC. score.

30/08/2021 · 2021 ESC Guidelines for the diagnosis and treatment of acute and chronic heart failure. European Heart Journal (2021) 00, 1-128 HFA-PEFF: Eur Heart J2019;40:3297-3317 01/04/2022 · New heart failure guidelines released in the United States today stress a four-drug-class approach in patients with reduced ejection fraction, define a new category of "mildly reduced" heart failure, and celebrate new options for patients who have heart failure with preserved ejection fraction (HFpEF) or amyloidosis, along with a number of other key updates. 01/04/2022 · New heart failure guidelines released in the United States today stress a four-drug-class approach in patients with reduced ejection fraction, define a new category of "mildly reduced" heart failure, and celebrate new options for patients who have heart failure with preserved ejection fraction (HFpEF) or amyloidosis, along with a number of other key updates. 30/08/2021 · 2021 ESC Guidelines for the diagnosis and treatment of acute and chronic heart failure. European

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