

CheckRare

Rare and Genetic Disease Network

CME

TTR Amyloidosis

What Clinicians Need to Know About Its Pathophysiology

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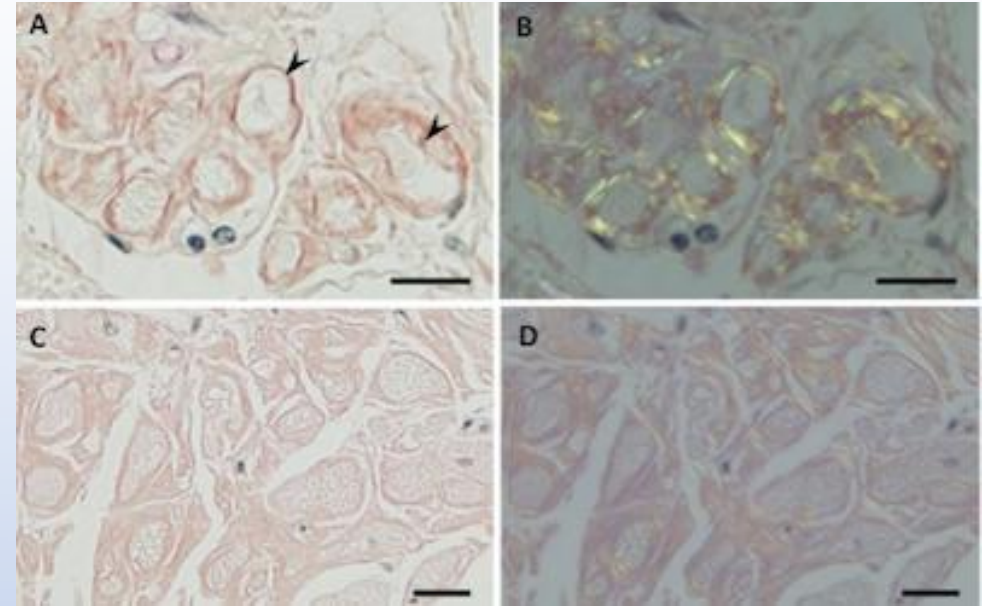
Pathophysiology

What Is Amyloidosis?

- Heterogeneous group of disorders
- Deposit of amyloid that disrupt normal tissue structure and function
- 30+ proteins associated with amyloidosis [including transthyretin (TTR)]

What Is TTR?

- Synthesized in the liver
- Transports thyroxine and retinol
- Mutations in *TTR* gene form insoluble amyloid fibrils



Cardiac amyloid deposits in early-onset ATTR Val30Met amyloidosis patients from endemic foci (**A,B**) and late-onset ATTR Val30Met amyloidosis from nonendemic areas (**C,D**). Alkaline Congo red staining.

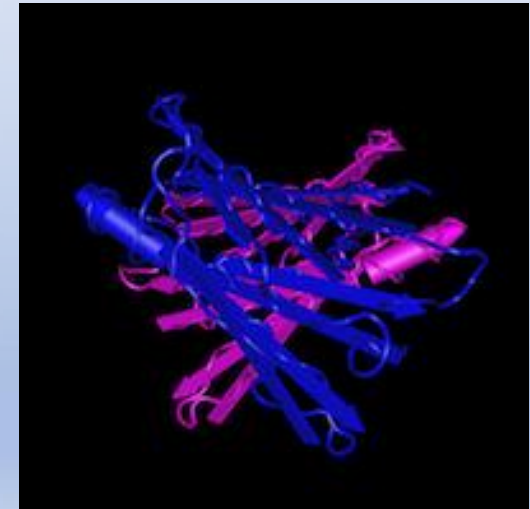
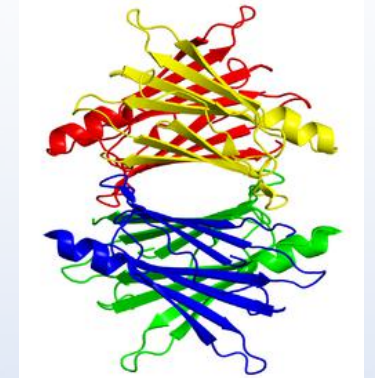
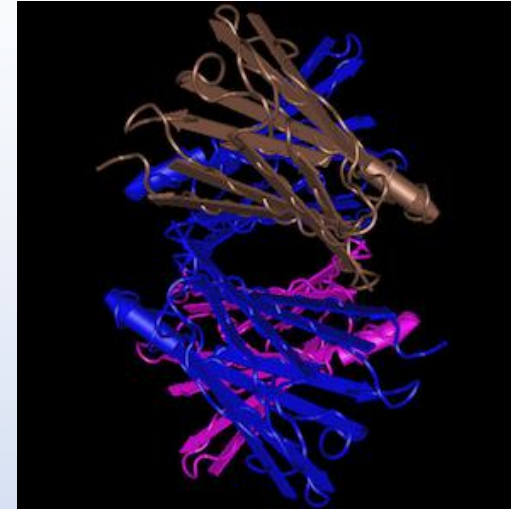
TTR Mutations

TTR Mutations

- 120 mutations identified
- In the US - Val122Ile, Thr60Ala, Val30Met
- Globally - Val30Met, Val122Ile, Glu89Gln

Mutations and Symptoms

- Val30Met (top left) - polyneuropathy
- Val122Ile (bottom right) - cardiopathy
- High variance among the patient population



Multiple Systems Impacted

Nervous System

- Progressive dementia
- Headache
- Ataxia
- Seizures
- Stroke-like episodes
- Spastic paresis
- Orthostatic hypotension
- Sexual dysfunction

Neuromuscular

- Muscle weakness
- Neuropathic pain
- Difficulty walking

Ocular

- Vitreous opacification
- Glaucoma
- Papillary abnormalities

Cardiovascular

- Conduction blocks
- Cardiomyopathy
- Arrhythmia

Gastrointestinal

- Nausea / vomiting
- Early satiety
- Diarrhea and/or constipation

Renal

- Proteinuria
- Renal failure

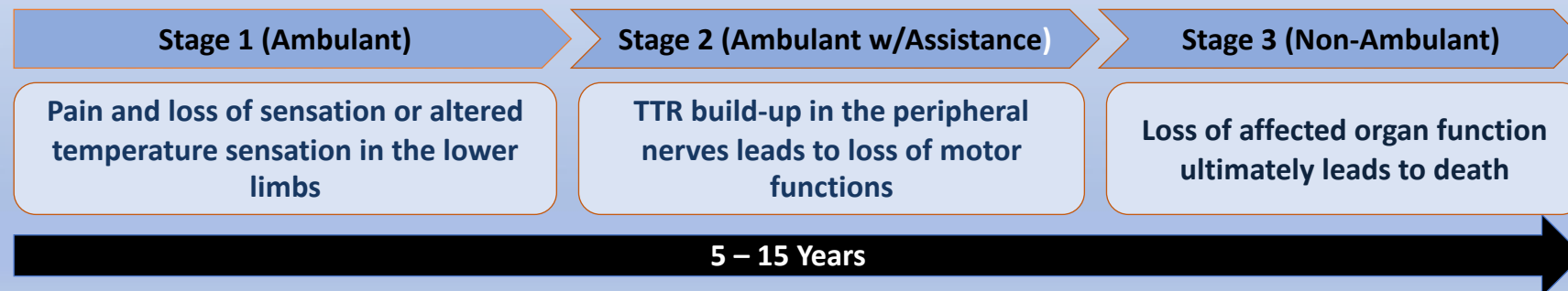
FAP vs FAC vs WT

	Familial Amyloid Polyneuropathy (FAP)	Familial Amyloid Cardiomyopathy (FAC)	Wild type - Senile Systemic Amyloidosis (WT)
Primary symptoms	Sensory motor neuropathy	Restrictive cardiomyopathy	Restrictive cardiomyopathy
Common mutation	V30M (50% world-wide)	V122I (4% African Americans)	Wild-type
Cause of death	Cachexia, renal failure, cardiac disease, sudden death	Heart failure	Heart failure
Patients worldwide	~10,000	~40,000	Unknown (Deposits in ~25% autopsies)
Age on onset	30-50 years	60-70 years	>70 yrs; mostly men
Life expectancy after diagnosis	~5-15 years	~3-5 years	~3-5 years

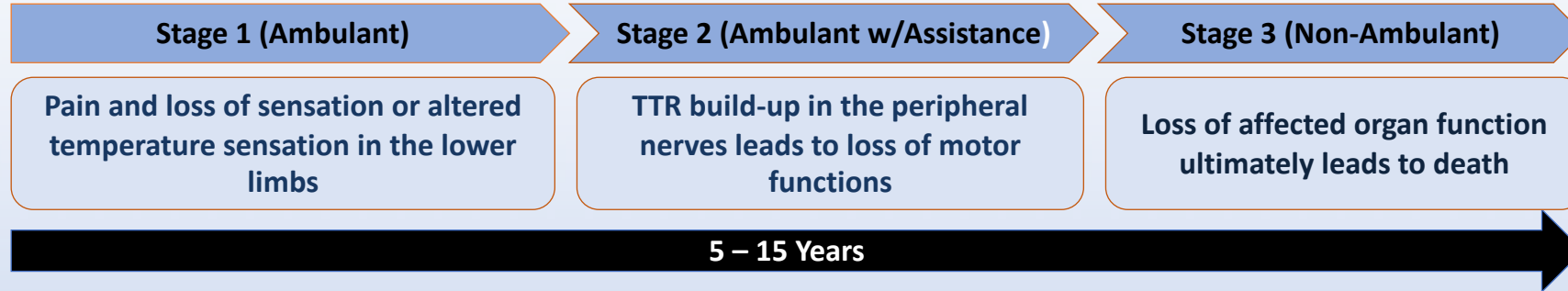
FAP

Primarily affects the peripheral nervous system, but often effects the heart, kidneys and eyes.

- **Fatal genetic disease:**
 - Patients face a relentless progression to death (within 5-15 years of onset) with limited treatment options
- **Painful:**
 - Nerve damage causes severe pain, limb weakness, loss of sensation, disturbance of bowel/bladder and sexual dysfunction
- **Multi-organ failure:**
 - Heart, kidneys and peripheral nerves
- **Stages of FAP:**



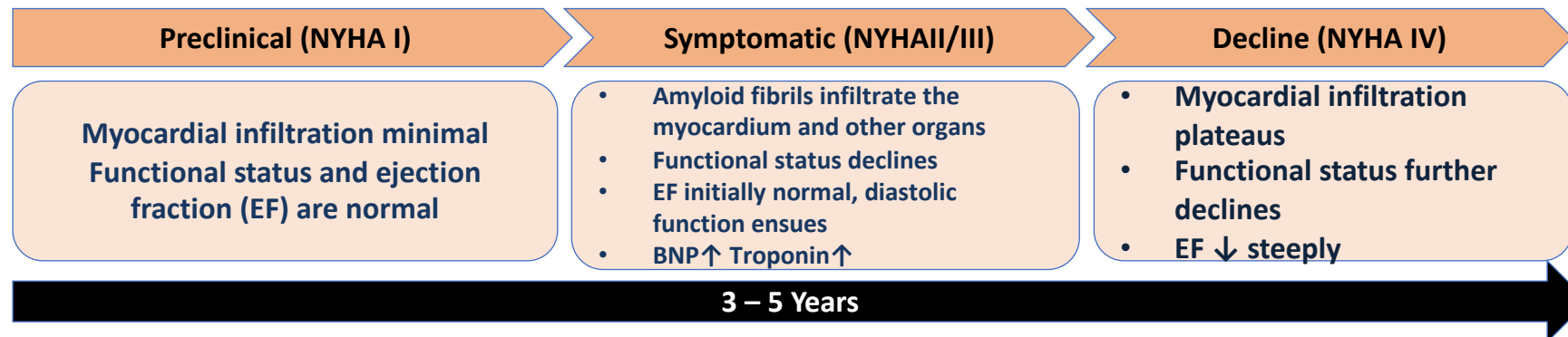
FAP



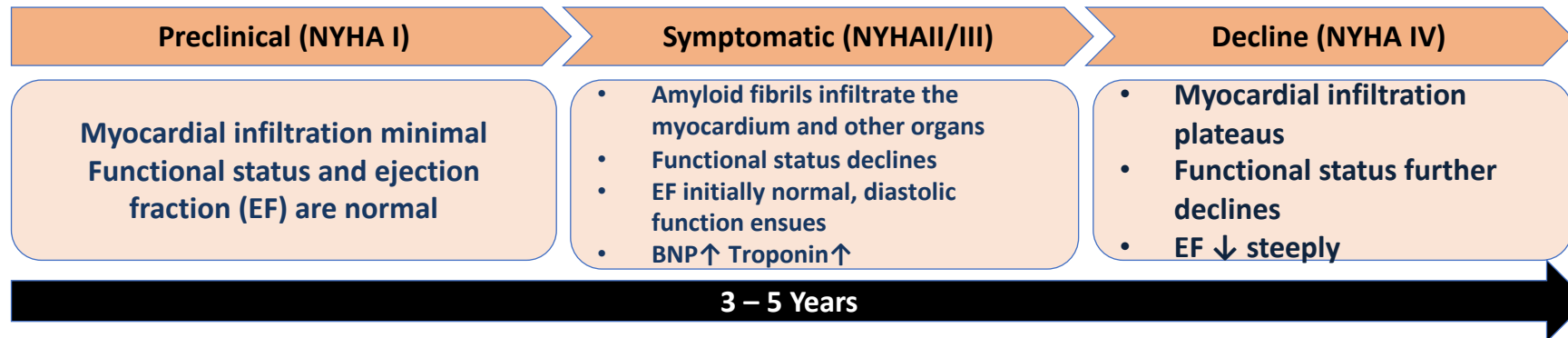
FAC and WT

Amyloid infiltrates the heart leading to diastolic dysfunction progressing to restrictive cardiomyopathy and heart failure

- **Symptoms:**
 - Shortness of breath, palpitations and abnormal heart rhythms, fluid retention in legs, weight loss, nausea, fatigue, dizziness and collapse, disrupted sleep and angina
- **Frequent hospitalizations** for congestive heart failure in late stages of disease
- **Death** in <5 years



FAC and WT



Treatment Options

- Symptom relief
- Liver transplantation
- TTR stabilizers
 - Tafamidis
 - Diflunisal
- TTR production blockers
 - Inotersen
 - Patisiran

