

# Cardiac Amyloid Quantification Using <sup>124</sup>I-Evuzamitide PET/CT Compared With <sup>18</sup>F-Florbetapir PET/CT

Clerc OF<sup>1</sup>, Cuddy SAM<sup>1</sup>, Robertson M<sup>2</sup>, Benz DC<sup>1</sup>, Vijayakumar S<sup>1</sup>, Canseco Neri J<sup>1</sup>, Chemburkar V<sup>1</sup>, Kijewski MF<sup>2</sup>, Di Carli MF<sup>2</sup>, Bianchi G<sup>1</sup>, Falk RH<sup>1</sup>, Dorbala S<sup>1,2</sup>

<sup>1</sup> Cardiac Amyloidosis Program, Department of Internal Medicine, Brigham and Women's Hospital, Boston, MA

<sup>2</sup> Nuclear Medicine and Molecular Imaging Program, Department of Radiology, Brigham and Women's Hospital, Boston, MA

## Introduction

- Improved amyloid quantification could advance early diagnosis and treatment monitoring of amyloid cardiomyopathy (CMP).
- <sup>124</sup>I-evuzamitide is a novel amyloid-specific radiotracer for PET/CT, targeting amyloid deposits of multiple types.
- However, the comparative ability of <sup>124</sup>I-evuzamitide vs. <sup>18</sup>F-florbetapir PET/CT to detect and quantify cardiac amyloid burden in amyloid CMP is still unclear.

### The aims of this study were:

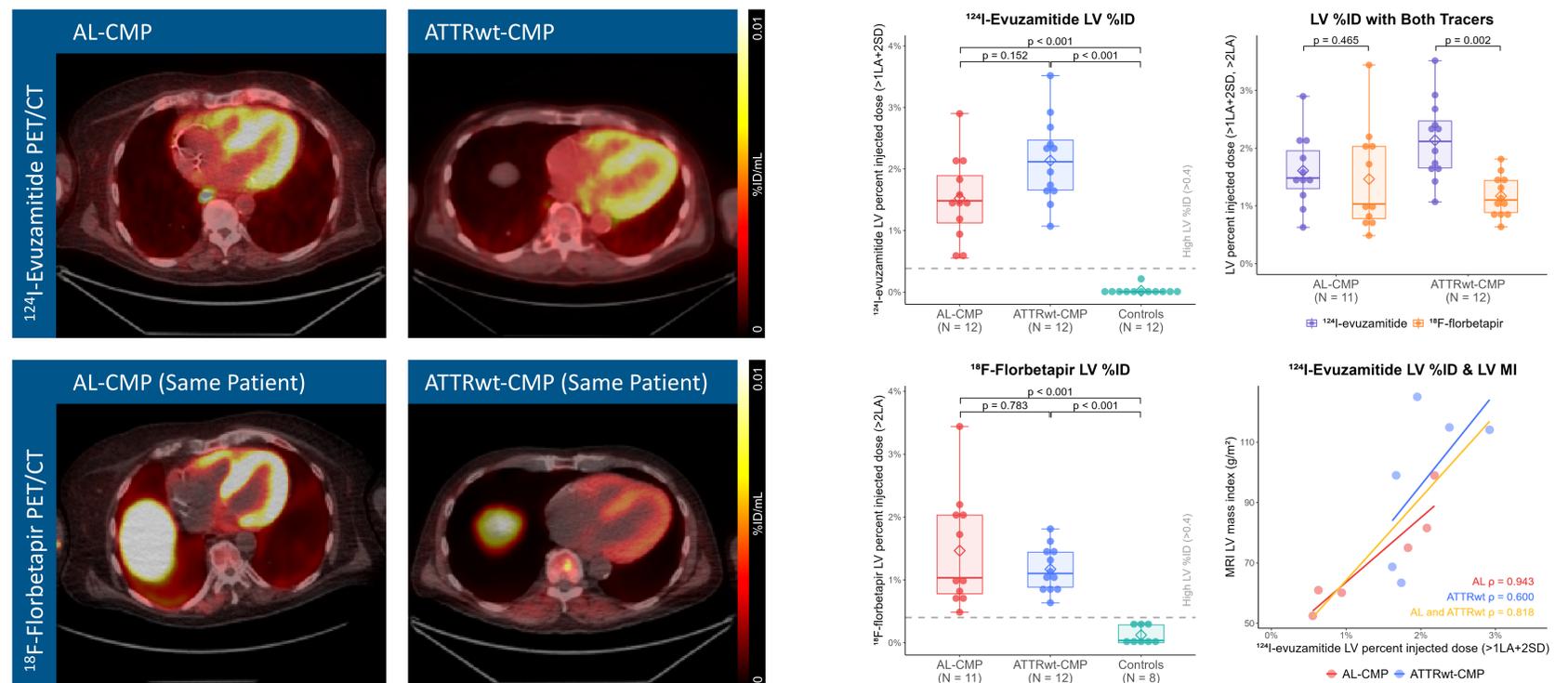
- To quantify myocardial <sup>124</sup>I-evuzamitide uptake.
- To compare its diagnostic value to <sup>18</sup>F-florbetapir in participants with amyloid CMP and controls.

## Methods

- This study included 44 participants:
  - 12 with light-chain (AL) CMP.
  - 12 with wild-type transthyretin (ATTRwt) CMP.
  - 20 controls without amyloidosis.
- CMP participants underwent PET/CT with both radiotracers <sup>124</sup>I-evuzamitide and <sup>18</sup>F-florbetapir (except 1 AL-CMP).
- Control participants underwent PET/CT with one of these radiotracers.
- Left ventricular percent injected dose (LV %ID) was calculated using the measured LV wall activity concentration above the blood pool:
  - $LV\ \%ID = activity\ concentration \times volume / injected\ activity$
- LV %ID quantifies the amount of radiotracer bound to LV amyloid, thus quantifies the LV amyloid burden.
- Normal LV %ID levels were defined using Youden's index.
- All CMP participants underwent echocardiography.
- 13 CMP participants underwent cardiac magnetic resonance imaging (MRI).

## Results

- In CMP participants, median age was 74 years (IQR 69 – 78) and 92% were male.
- Median <sup>124</sup>I-evuzamitide LV %ID was 0.17 (IQR 0.07 – 0.45) in AL-CMP, 0.44 (0.35 – 0.75) in ATTRwt-CMP, and 0.00 (0.00 – 0.01) in controls ( $p < 0.001$ ).
- High LV %ID perfectly discriminated CMP from controls, similar to <sup>18</sup>F-florbetapir.
- ATTRwt-CMP had higher <sup>124</sup>I-evuzamitide LV %ID ( $p = 0.03$ ) and LV mass index ( $p = 0.009$ ) than AL-CMP, but similar <sup>18</sup>F-florbetapir LV %ID ( $p = 0.74$ ).
- <sup>124</sup>I-evuzamitide LV %ID was intermediately to strongly correlated with interventricular septal thickness ( $\rho=0.78$ ) and LV strain ( $\rho=0.54$ ) on echocardiography, as well as with LV mass index ( $\rho=0.82$ ) and extracellular volume ( $\rho=0.51$ ) on MRI.



## Conclusion

- <sup>124</sup>I-evuzamitide detects amyloid CMP and accurately discriminates it from controls, with higher uptake in ATTRwt-CMP than in AL-CMP.
- Correlations with cardiac structural and functional metrics imply valid amyloid quantification.
- Hence, <sup>124</sup>I-evuzamitide is a promising radiotracer to detect and quantify cardiac amyloid in AL and ATTRwt amyloidosis.

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