# **Mass General Brigham**

## **Cardiac Involvement in Rare Forms of Amyloidosis Assessed Using** <sup>124</sup>I-Evuzamitide PET/CT

#### Introduction

- Diagnosis of hereditary amyloidosis and of cardiac involvement by amyloidosis remain challenging.
- <sup>124</sup>I-evuzamitide (<sup>124</sup>I-p5+14, AT-01) is a novel pan-amyloid radiotracer that accurately detects cardiac involvement in light-chain and wild-type transthyretin amyloidosis.
- However, its ability to detect cardiac involvement in rare forms of amyloidosis has not been studied in detail.
- The aim of this study was to compare myocardial uptake of <sup>124</sup>I-evuzamitide in rare forms of amyloidosis with or without cardiac involvement and in controls.

#### Methods

- We included 20 participants:
  - 7 with hereditary amyloidosis:
    - 2 AApoAl
    - 1 AApoAIV
    - 1 ATTRv L58H (p.L78H)
    - 2 ATTRv T60A (p.T80A)
    - 1 ATTRv V122I (p.V142I)
  - 1 with localized pulmonary light-chain amyloidosis
  - 12 controls without amyloidosis
- Positron emission tomography/computed tomography (PET/CT) was performed 5 hours after administration of <sup>124</sup>I-evuzamitide in all participants:
- Median injected activity 0.97 mCi (IQR 0.93 1.10)
- Cardiac scans were assessed visually and quantitatively.
- Myocardial radiotracer activity above the blood pool was quantified as left ventricular percent injected dose:
- $LV \% ID = \frac{mean \ activity \ concentration \times activity \ volume}{}$ injected activity

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Clerc OF<sup>1</sup>, Cuddy SAM<sup>1</sup>, Vijayakumar S<sup>1</sup>, Romero Pabon A<sup>2</sup>, Robertson M<sup>2</sup>, Kijewski MF<sup>2</sup>, Di Carli MF<sup>2</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

### Results

- Median LV %ID was:











#### Conclusions

- <sup>124</sup>I-evuzamitide PET/CT:

#### Acknowledgements

• Visual myocardial uptake was present in all hereditary amyloidosis, but absent in localized pulmonary amyloidosis and in all controls.

1.6197 (IQR 0.6783 – 2.1057) in hereditary amyloidosis, 0.0001 in localized amyloidosis, and 0.0027 (IQR 0.0007 – 0.0093) in controls (p < 0.001).</p> • For both AApoAI, echocardiogram and cardiac MRI were equivocal for cardiac involvement, but <sup>124</sup>I-evuzamitide PET/CT was definitely positive.

Detects cardiac involvement in multiple forms of hereditary amyloidosis, even when echocardiogram and MRI show no definite involvement. • Appropriately shows very low myocardial uptake in localized extracardiac amyloidosis and in controls.

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