

I-124 Evuzamitide PET/CT is More Sensitive than Tc-99m Pyrophosphate for the Diagnosis of Hereditary Transthyretin Cardiac Amyloidosis



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INTRODUCTION

There is a significant need to improve the early diagnosis of ATTR-CA. Although Tc-99m pyrophosphate (PYP) myocardial uptake can non-invasively diagnose ATTR-CA in the correct clinical context reported sensitivity in multi-center studies is ~70%. We sought to determine if PET/CT scanning using I-124 evuzamitide can detect cardiac TTR amyloidosis in subjects with Tc99-PYP not diagnostic for cardiac amyloidosis (Perugini grade 0 and grade 1 Tc99-PYP scans) but for whom strong suspicion or endomyocardial biopsy evidence of ATTR-CM exists.

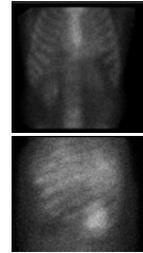
1. Gillmore JD et al. Nonbiopsy Diagnosis of Cardiac Transthyretin Amyloidosis. *Circulation*. 2016;133(24):2404-2412.

METHODS

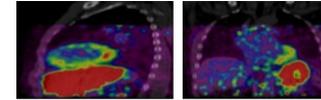
We conducted a prospective cohort study among outpatient subjects seen in our cardiac amyloidosis program. Seven subjects underwent whole-body PET/CT using a Siemens Biograph mCT scanner, 5 hours after injection of ~1 mCi I-124 evuzamitide (Attralus, San Francisco). A low dose non-contrast CT scan was acquired first for attenuation correction and co-registration. PET emission sequence was then obtained using five minute PET acquisitions per bed position, with an additional 20 minutes of cardiac acquisition in patients 4-7. PET images are corrected for attenuation, random coincidences, scatter, decay, and prompt gamma emission, and processed using Siemens IRW image analysis software.

RESULTS (continued)

Subject 1

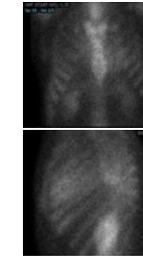


Anterior and Lateral Tc99-PYP scan after three hours of incubation showing no significant myocardial retention of the isotope (Perugini grade 1 scan).

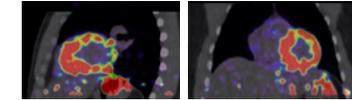


Transaxial, Coronal, and sagittal PET/CT images showing I-124 Evuzamitide uptake in the left ventricle and right ventricle, left and right atrial uptake, most prominent

Subject 3



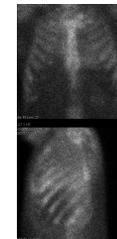
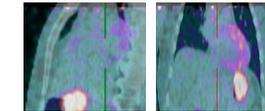
Anterior and Lateral Tc99-PYP scan after three hours of incubation showing no significant myocardial retention of the isotope (Perugini grade 1 scan).



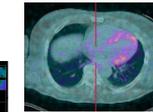
Transaxial, Coronal, and sagittal PET/CT images showing I-124 Evuzamitide uptake in the left ventricle and right ventricle, left and right atrial uptake, most prominently in the basal lateral wall and septum.

Subject 6

Anterior and Lateral Tc99-PYP scan after three hours of incubation showing no significant myocardial retention of the isotope (Perugini grade 1 scan).



SPECT showing no myocardial retention of the isotope.



Transaxial, Coronal, and sagittal PET/CT images showing I-124 Evuzamitide uptake in the left ventricle and right ventricle, left and right atrial uptake, most prominently in the basal lateral wall and septum.

RESULTS

Subject	Age	Gender	Genotype	Perugini grade	SPECT/CT	Endomyocardial biopsy	PET cardiac uptake
1	64	M	Val122Ile	grade 1	Not performed	positive	positive
2	64	M	ALA60	grade 1	Not performed	positive	positive
3	45	M	Glu89Gln	grade 1	No myocardial uptake	Not performed	positive
4	81	M	Val122Ile	grade 0	No myocardial uptake	positive	positive
5	67	M	Thr60Ala	grade 0	Not performed	Not performed	positive
6	65	M	Thr60Ile	grade 1	No myocardial uptake	Not performed	positive
7	60	M	Val122Ile	grade 1	Not performed	positive	positive
8	53	F	Val30Met	grade 1	No myocardial uptake	positive	positive
9	54	M	Val30Met	grade 0	No myocardial uptake	Not performed	negative
10	64	F	Val30Met	grade 0	No myocardial uptake	Not performed	negative

- 8/10 subjects were males, and all had hereditary (variant) genotypes.
- All subjects had negative Tc99-PYP, with Perugini grade 0 or 1.
- 8/10 subjects had PET-CT scans showed cardiac uptake.
- All PET/CT scans, in which there was a positive cardiac biopsy, were positive

CONCLUSIONS

PET-CT scanning with 124I-evuzamitide is more sensitive than Tc99M-PYP for detecting transthyretin cardiac amyloidosis in patients with hereditary ATTR-CA.

Limitations and Future Directions

Limitations of this study include:

- Some subjects did not get SPECT/CT and thus could have had some myocardial uptake not seen on planar imaging.
- Data shows a semiquantitative approach currently (+ or -) and quantification is underway.
- No ATTRwt subjects; need to study ATTRwt subjects.

DISCLOSURES

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