

SESSION 617 - Unfolding the Mysteries of Cardiac Amyloidosis: An Interactive Case-Based Town Hall Discussion

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May 15, 2021, 12:15 PM - 1:45 PM

B101

Pathway

Heart Failure and Cardiomyopathies

CME

1.5

Dual CME/ABIM MOC

1.5

Dual CME/ABP MOC

1.5

ECME

1

CNE

1.5

CNE^{Rx}

0

CPE

1.5

IPE

0

PA

1.5

20 Presentations

12:15 PM - 1:45 PM

617-01 - ACC Co-Chair

Amrut Ambardekar
Aurora, CO

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617-02 - ACC Co-Chair

Jose Nativi-Nicolau
Salt Lake City, UT

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12:15 PM - 12:17 PM

617-03 - Case One: Highlights Diagnostic Steps, Role of Biopsy, Differentiation of AL vs. ATTR)

Amrut Ambardekar
Aurora, CO

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12:19 PM - 12:25 PM

617-05 - Key Labs/Studies in The Initial Diagnostic Work Up of Infiltrative Cardiomyopathies

Jose Nativi-Nicolau
Salt Lake City, UT

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617-06 - Case One Continued: The patient's labs are as follows: troponin 0.12, BNP 800, IFE of SPEP with monoclonal spike, and lambda free lambda light chains are elevated 200.

Amrut Ambardekar
Aurora, CO

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617-08 - Sensitivity/Specificity of Fat Pad vs. BM vs Endomyocardial Biopsy. The Role of Special Stains, EM, and Mass-Spec Typing of Amyloid

Michelle Maya Kittleson
Los Angeles, CA

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617-09 - Case One Continued: After 2 cycles of bortezomib based chemo (which the patient tolerated well) the patients light chains have dropped and he is feeling somewhat better. The morning before he comes in to his f/u clinic appointment, he has an episode of abrupt syncope after eating breakfast. His wife thinks he was "completely out" for a minute before walking up

Amrut Ambardekar
Aurora, CO

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617-11 - Role of ICD's/Pacers in Amyloid Cardiomyopathy

Ronald Witteles
Los Altos, CA

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12:45 PM - 12:47 PM

617-12 - Case Two: Highlights New Diagnostic Modalities for ATTR and Emerging Treatments, Economics, Role of CVT Members

Amrut Ambardekar
Aurora, CO

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12:49 PM - 12:55 PM

617-14 - Red Flags for the Diagnosis of Amyloidosis

Hiroaki Kitaoka
Kochi, Japan

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12:55 PM - 12:57 PM

617-15 - Case Two Continued: The Patient's ECG Does Not Show Low Voltage. His SPEP+IFE, UPEP+IFE, and Serum Free Light Chains Are All Normal.

Amrut Ambardekar
Aurora, CO

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12:59 PM - 1:05 PM

617-17 - Role of Nuclear Imaging and Making a Non-Invasive Diagnosis of Cardiac Amyloidosis

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1:05 PM - 1:07 PM

617-18 - Case Two continued: A presumptive non-tissue based diagnose of TTR amyloid cardiomyopathy is made based on abnormal Tc-PyP imaging. The patient does not have a family history of cardiomyopathy. He has 2 teenage children and 2 siblings who are healthy.

Amrut Ambardekar
Aurora, CO

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1:09 PM - 1:15 PM

617-20 - Role for Genetic Testing in TTR Amyloid and Family Screening

Michelle Maya Kittleson
Los Angeles, CA

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1:15 PM - 1:17 PM

617-21 - Case Two continued: The patient returns for a follow up clinic visit a couple weeks after his diagnosis. He feels somewhat better after having started diuretic therapy and can now walk 4 blocks, but still has some edema and SOB. He asks what options are there?

Amrut Ambardekar
Aurora, CO

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1:19 PM - 1:25 PM

617-23 - Emerging TTR Amyloid Cardiomyopathy Treatments

Jose Nativi-Nicolau
Salt Lake City, UT

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1:25 PM - 1:27 PM

617-24 - Case Two continued: You decide to treat the patient with Tafamidis, but the patient has a high deductible plan. It will cost the patient

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\$12,000 per year out of pocket.

Amrut Ambardekar
Aurora, CO

1:29 PM - 1:35 PM

617-26 - Economics of Emerging TTR amyloid Cardiomyopathy Treatments and Helping Patients Navigate The High Costs

Robert Lee Page
Aurora, CO

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617-27 - Case Two continued: You continue to follow the patient clinically and he is now 3 months out from his initial diagnosis. He has been taking Tafamidis for 2 months. His functional status has not improved. He can only walk a 1-2 blocks, has 3+ edema, and is now on disability from work.

Amrut Ambardekar
Aurora, CO

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617-29 - Role of LVADs and Transplant in Amyloid CM

Ronald Witteles
Los Altos, CA

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