# Length Of Diagnosis, Diagnostic Tests, And Referral Patterns Of ATTR-CM Patients In The United States, United Kingdom, France, Germany, Italy, And Spain

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## Introduction

Transthyretin amyloid cardiomyopathy (ATTR-CM) is a rare disease that typically presents with symptoms like those commonly associated with heart failure and is frequently misdiagnosed. Timely diagnosis and treatment are key to a favorable prognosis.

## Objective

This study uses real-world ATTR-CM patient data to investigate and compare the length of time between suspicion of ATTR-CM and confirmed diagnosis, the number of diagnostic tests, and the referral dynamics in the US versus EU4 and UK (France, Germany, Italy, Spain and United Kingdom).

## Methods

The Ipsos ATTR-CM Therapy Monitor, an ongoing physician-generated multi-center medical chart review of patients, was fielded online in Q4'2022. Cardiologists and cardiology-focused internists from hospitals and private practices in the US and EU4/UK were recruited and screened for ATTR-CM patient management. A total of 239 physicians (US: 109; EU4/UK: 130) provided data on 759 patients diagnosed in 2022 (US: 481; EU4/UK: 278).

## Results

- For reported patients in the US, the length of time between first suspicion of ATTR-CM and a confirmed diagnosis was shorter, on average, than for those in EU4/UK (US: 6.3 weeks; EU4/UK: 9.6 weeks).
- The average number of tests ordered to diagnose reported patients was greater in the EU4/UK than in the US (EU4/UK: 6.8 tests; US: 5.8 tests).
- A greater proportion of reported patients in the US vs EU4/UK first presented their symptoms, prior to diagnosis, to the reporting physician (US: 35%; EU4/UK: 27%).
- A greater proportion of reported patients in the US were also diagnosed by the reporting physician (US: 88%; EU4/UK: 78%).

## Conclusions

For this study cohort, it took significantly less time to diagnose ATTR-CM patients in the US than it did in EU4/UK. The reported patients in EU4/UK were more likely to present symptoms to, and be diagnosed by, a physician other than the reporting physician. They also underwent a greater number of diagnostic tests than their US counterparts. Further investigation using a comparator cohort, and to discover any differences in patient outcomes, is warranted.

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**For this physician cohort, diagnosis of ATTR-CM patients in the US was significantly faster, on average, than it was for those in EU4/UK.**

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## Results

**Figure 1:** *Average time from first suspicion of ATTR-CM to confirmed diagnosis (weeks)*


**Figure 2:** *Average number of diagnostic tests ordered to diagnose the patients*


**Figure 3:** *To whom the patients first presented their symptoms*

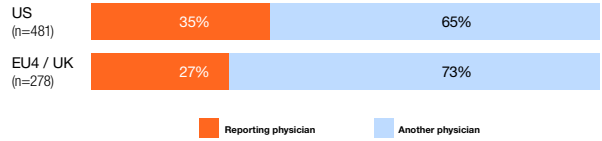
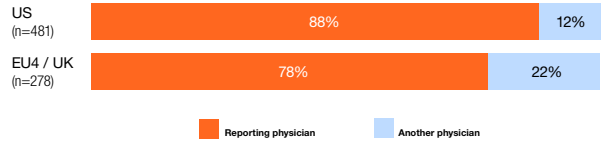



**Figure 4:** *Who diagnosed the patients*




**Source for all charts:** Ipsos ATTR-CM Therapy Monitor (239 HCPs in US & EU4/UK providing de-identified data, and perceptions, online on 759 ATTR-CM patients seen in consultation in Q4 2022). Data © Ipsos 2023, all rights reserved.

**ABSTRACT: Sa2231**

**Title:** **Length Of Diagnosis, Diagnostic Tests, And Referral Patterns Of Transthyretin Amyloid Cardiomyopathy Patients In The United States, United Kingdom, France, Germany, Italy, And Spain**

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**Background:** Transthyretin amyloid cardiomyopathy (ATTR-CM) is a rare disease that typically presents with symptoms like those commonly associated with heart failure and is frequently misdiagnosed. Timely diagnosis and treatment are key to a favorable prognosis. This study aims to investigate and compare the length between suspicion of ATTR-CM and confirmed diagnosis, examine the number of diagnostic tests, and explore the referral dynamics in the US versus EU4+UK (United Kingdom, France, Germany, Italy, and Spain) using real-world data among patients diagnosed in 2022.

**Methods:** A multi-center online medical chart review of patients was fielded in Q4'2022. Cardiologists and cardiology-focused internists from the US and EU4+UK from hospitals and private practices were recruited and screened for ATTR-CM patient management. A total of 239 physicians (US: 109, EU5: 130) who reported on patients diagnosed in 2022 were included, providing data on 759 patients diagnosed during this period (US: 481, EU5: 278).

**Results:** Reported patients in the US experienced a shorter length of time from first suspicion of ATTR-CM to confirmed diagnosis, on average, than those in the EU4+UK ($p<0.01$); US: 6.3 weeks (n=392), EU4+UK: 9.6 weeks (n=205). The average number of tests ordered to diagnose patients was greater in the EU4+UK than in the US cohort ($p<0.01$); EU4+UK: 6.8 tests (n=277), US: 5.8 tests. A greater proportion of reported patients in the US ($p<0.05$) first presented their symptoms prior to diagnosis to the reporting physician (35.1%) than those in EU4+UK (27.3%). In the US, 88.4% of the patients were diagnosed by the reporting physician (n=481), whereas in EU4+UK (n=278) this rate was 78.1% ($p<0.01$).

**Conclusion:** This study demonstrated that it took significantly less time to diagnose patients in 2022 in the US than in the EU4+UK. Patients in the EU4+UK were more likely to present symptoms to and be diagnosed by a physician other than the reporting physician, with a greater number of diagnostic tests ordered compared to those in the US. Further investigation using comparator cohort and to discover if there is a difference in patient outcomes is warranted.