CARDIO ABSTRACTS
NEW ATTR-CM DATA

Recent Analyses from the ATTRibute-CM Study

CARDIOHUB

ABSTRACTS

1

Acoramidis-Mediated Early Increase in Serum Transthyretin is Associated with Lower Cardiovascular-Related Hospitalizations and Mortality: Insights from the ATTRibute-CM Study.

Authors: Nitasha Sarswat, Amrut Ambardekar, Jorg Taubel, Justin L. Grodin, Julian D. Gilmore, Matthias Dupont, Richard Wright, Jing Du, Suresh Siddhanti, Jean-François Tamby, Alan X. Ji, Uma Sinha, Jonathan C. Fox, Mathew S. Maurer, and Richard K. Cheng.

Available: https://www.jacc.org/doi/10.1016/S0735-1097%2825%2902143-6

This study evaluated the association between acoramidis-mediated early increases in serum transthyretin (sTTR) levels and first cardiovascular-related hospitalization (CVH) and cardiovascular-related mortality (CVM).

Patients were randomized 2:1 to receive acoramidis or placebo for 30 months.

They found that each 5 mg/dL increase in sTTR at Day 28 was linked to a 24.5% reduction in cardiovascular mortality and a 21.2% reduction in first cardiovascular hospitalization. These results were independent of baseline sTTR and treatment groups.

Acoramidis produced rapid stabilization of TTR, resulting in early and clinically meaningful reductions in long-term cardiovascular risk.

2

Effect of Acoramidis on All-Cause Mortality, Cardiovascular Hospitalization, and NTproBNP in Variant ATTR-CM – Results from ATTRibute-CM.

Authors: Jan M. Griffin, Kaitlyn Lam, Daniel P. Judge, Julian D. Gillmore, Francesco Cappelli, Efstathios Kastritis, Prem Soman, Keyur Shah, Xiaofan Cao, Jean-François Tamby, Jonathan C. Fox, Pablo Garcia-Pavia, and Marianna Fontana.

Available: https://esc365.escardio.org/presentation/299600#aboutEvent.

A subgroup analysis that evaluated the efficacy of acoramidis versus placebo over 30 months in participants with variant transthyretin amyloid cardiomyopathy (ATTRv-CM).

The analysis included 59 participants with ATTRv-CM (39 acoramidis, 20 placebo); the most common TTR variants were V122I, I88L, and T60A.

At Month 30, acoramidis significantly reduced the risk of all-cause mortality (ACM) or first CVH by 59%, reduced first CVH by 65%, and showed a favorable trend in reducing ACM alone. Acoramidis also markedly attenuated the rise in NT-proBNP compared to placebo.

Acoramidis demonstrated substantial clinical benefit in patients with ATTRv-CM, with improvements exceeding those seen in the overall trial population.

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In Patients Treated with Acoramidis, Addition of Concomitant Tafamidis Does Not Further Increase Serum TTR Levels.

Authors: Mathew S. Maurer, Francesco Cappelli, Marianna Fontana, Pablo Garcia-Pavia, Martha Grogan, Mazen Hanna, Daniel P. Judge, Ahmad Masri, Nitasha Sarswat, Jing Du, Suresh Siddhanti, Jean-François Tamby, Alan X. Ji, Uma Sinha, Jonathan C. Fox, and Julian D. Gillmore.

Available: https://www.jacc.org/doi/10.1016/S0735-1097%2825%2902138-2

This analysis evaluated whether adding tafamidis to acoramidis affected sTTR levels in patients with ATTR-CM, where tafamidis use was allowed after Month 12.

Concomitant tafamidis was used by 14.9% of acoramidis-treated participants and 22.8% of placebo participants, with a median start time of ~17 months and a median duration of ~11 months.

At Month 30, acoramidis alone produced the largest increase in sTTR levels (+9.1 mg/dL), compared with placebo + tafamidis (+6.4 mg/dL) and acoramidis + tafamidis (+8.9 mg/dL), while placebo alone showed no meaningful change.

Adding tafamidis to acoramidis did not enhance sTTR stabilization, indicating that acoramidis alone achieves maximal TTR stabilization and is well tolerated.

4

Acoramidis Treatment is Associated with a Lower Incidence of Atrial Fibrillation Atrial Flutter Events in Patients with ATTR-CM: Post-hoc Analyses of the ATTRibute-CM Trial.

Authors: Kevin M. Alexander, Laura Obici, Steen Hvitfeldt Poulsen, Mathew S. Maurer, James L. Januzzi, Brett Sperry, Wael Jaber, Jing Du, Kai Vogtländer, Adam Castaño, Jean-François Tamby, Jonathan C. Fox, Sumeet Mitter, Mazen Hanna, and Ronald Witteles.

Available: https://esc365.escardio.org/presentation/299601

Post-hoc analyses that assessed the impact of acoramidis versus placebo on atrial fibrillation and atrial flutter (AF/AFL) in ATTR-CM patients.

CVH due to AF/AFL and treatment-emergent adverse events (TEAEs) related to AF/AFL were analyzed in both the efficacy population (mITT, N=611) and safety population (N=632), including a subgroup with no prior AF/AFL (N=264).

Acoramidis reduced the annual frequency of AF/AFL-related CVH by 43% versus placebo and lowered AF/AFL-related TEAEs by 17% in both the overall safety population and those without prior AF.

Acoramidis was associated with fewer hospitalizations and adverse events due to AF/AFL, suggesting meaningful benefits for arrhythmia-related morbidity in ATTR-CM patients.

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Acoramidis Reduces Cumulative Cardiovascular Outcomes Within the First Month of Treatment in Transthyretin Amyloid Cardiomyopathy: Results from ATTRibute-CM.

Authors: Ahmad Masri, Daniel P. Judge, Frederick L. Ruberg, Justin L. Grodin, Laura Obici, Mathew S. Maurer, Marianna Fontana, Steen Hvitfeldt Poulsen, Peter van der Meer, Richard K. Cheng, Amrut Ambardekar, Kuangnan Xiong, Suresh Siddhanti, Jean-François Tamby, Jonathan C. Fox, Kevin M. Alexander, and Ronald Witteles.

Available: Coming soon in 2026.

This study assessed the effect of acoramidis on cumulative cardiovascular outcomes, including CVM and recurrent CVH, through Month 30 in patients with ATTR-CM.

Post-hoc CVM or recurrent CVH events were assessed in 611 participants (acoramidis 409, placebo 202) using a modified Andersen-Gill model accounting for treatment, age, NYHA class, genotype, eGFR, and baseline NT-proBNP.

By Month 30, 33.3% of acoramidis-treated participants experienced CVM or recurrent CVH versus 48.5% in the placebo group. Treatment effects were evident from Day 16, with significant reductions in cumulative events by Month 1 and reaching 53 fewer events per 100 participants at Month 30.

Acoramidis significantly lowered cumulative CVM and recurrent CVH over 30 months, with benefits observable within the first month, suggesting a link between early TTR stabilization and reduced CV event burden.

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