

# RELATIONSHIP BETWEEN CVH AND SURVIVAL IN THE ACORAMIDIS-TREATED PARTICIPANTS WITHIN ATTRIBUTE-CM

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# DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS WITH INDUSTRY AND ACKNOWLEDGMENTS

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# INTRODUCTION

- ATTR-CM is characterized by the destabilization of TTR tetramers, and accumulation of amyloid fibrils in the heart, leading to cardiac dysfunction and progressive heart failure<sup>1–3</sup>
- Occurrence of cardiovascular-related hospitalization (CVH) is associated with a higher risk of subsequent mortality in patients with ATTR-CM<sup>4,5</sup>
- Acoramidis is an investigational, selective TTR stabilizer for the treatment of patients with ATTR-CM that achieves near-complete ( $\geq 90\%$ ) TTR stabilization<sup>6–8</sup>
- In the phase 3 ATTRibute-CM study (NCT03860935), acoramidis reduced the risk of frequency of CVH by 50% vs placebo (RRR: 0.496; 95% CI: 0.355–0.695) with beneficial effects of acoramidis observed by Month 3<sup>8</sup>



## OBJECTIVE:

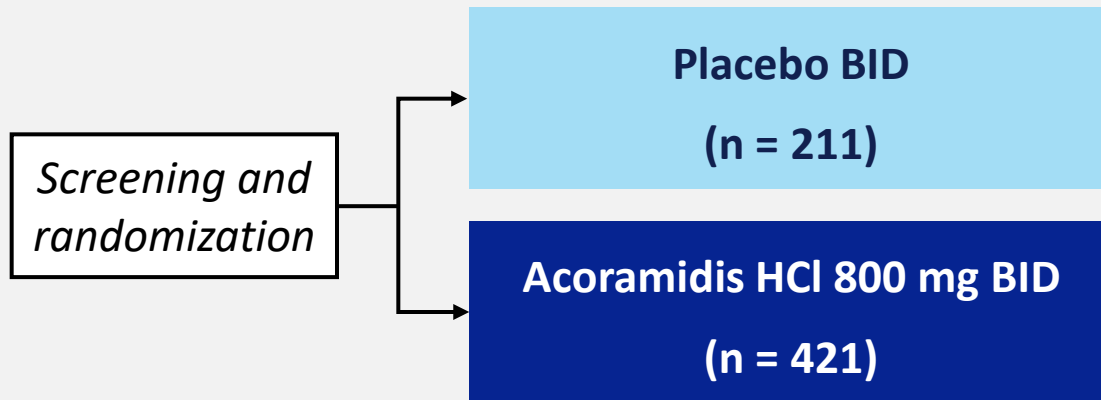
**To report the relationship between CVH events and survival rate in participants with ATTR-CM treated with acoramidis in ATTRibute-CM**

ATTR-CM, transthyretin amyloid cardiomyopathy; CI, confidence interval; RRR, relative risk ratio; TTR, transthyretin.

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# ATTRibute-CM PHASE 3 STUDY DESIGN AND POST HOC ANALYSIS

## Study design<sup>1</sup>



### Key eligibility criteria

- Diagnosed ATTR-CM (wt or variant)
- NYHA class I–III
- ATTR-positive biopsy or <sup>99m</sup>Tc scan
- Light-chain amyloidosis excluded if diagnosis by <sup>99m</sup>Tc

Post hoc analysis:  
relationship, within acoramidis group, between  
CVH and all-cause mortality at Month 30<sup>a</sup>



Acoramidis HCl 800 mg BID  
Patients with CVH (n = 109)

vs



Acoramidis HCl 800 mg BID  
Patients with no CVH (n = 300)

<sup>a</sup>This analysis was performed for the modified intention-to-treat population.




<sup>99m</sup>Tc, technetium-labeled pyrophosphate or bisphosphonate; ATTR-CM, transthyretin amyloid cardiomyopathy; BID, twice daily; CVH, cardiovascular-related hospitalization; NYHA, New York Heart Association; wt, wild-type.

1. Gillmore JD *et al.* *N Engl J Med* 2024;390:132–42

# MEAN AGE, SEX, AND GENOTYPE DISTRIBUTIONS WERE SIMILAR BETWEEN ACORAMIDIS-TREATED PARTICIPANTS WITH AND WITHOUT CVH EVENTS

Baseline demographics and characteristics	Acoramidis (n = 409)	
	CVH (n = 109)	No CVH (n = 300)
Age, years, mean (SD)	77.8 (5.8)	77.1 (6.7)
Male, n (%)	99 (90.8)	275 (91.7)
ATTRv-CM genotype, n (%)	14 (12.8)	25 (8.3)
NYHA class, n (%)		
I	4 (3.7)	47 (15.7)
II	83 (76.1)	205 (68.3)
III	22 (20.2)	48 (16.0)
NAC stage, <sup>a</sup> n (%)		
I	53 (48.6)	188 (62.7)
II	41 (37.6)	89 (29.7)
III	15 (13.8)	23 (7.7)
Serum TTR, mg/dL, mean (SD)	22.7 (6.6)	23.1 (5.2)
KCCQ-OS score, mean (SD)	67.0 (20.5)	73.5 (18.7)
6MWD, m, mean (SD)	332.3 (102.9)	373.7 (101.7)
NT-proBNP, ng/L, mean (SD)	3410.8 (2160.5)	2667.1 (2114.6)
eGFR, mL/min/1.73 m <sup>2</sup> , mean (SD)	57.7 (17.4)	63.5 (17.1)

Compared with participants without CVH events, participants with CVH events had:

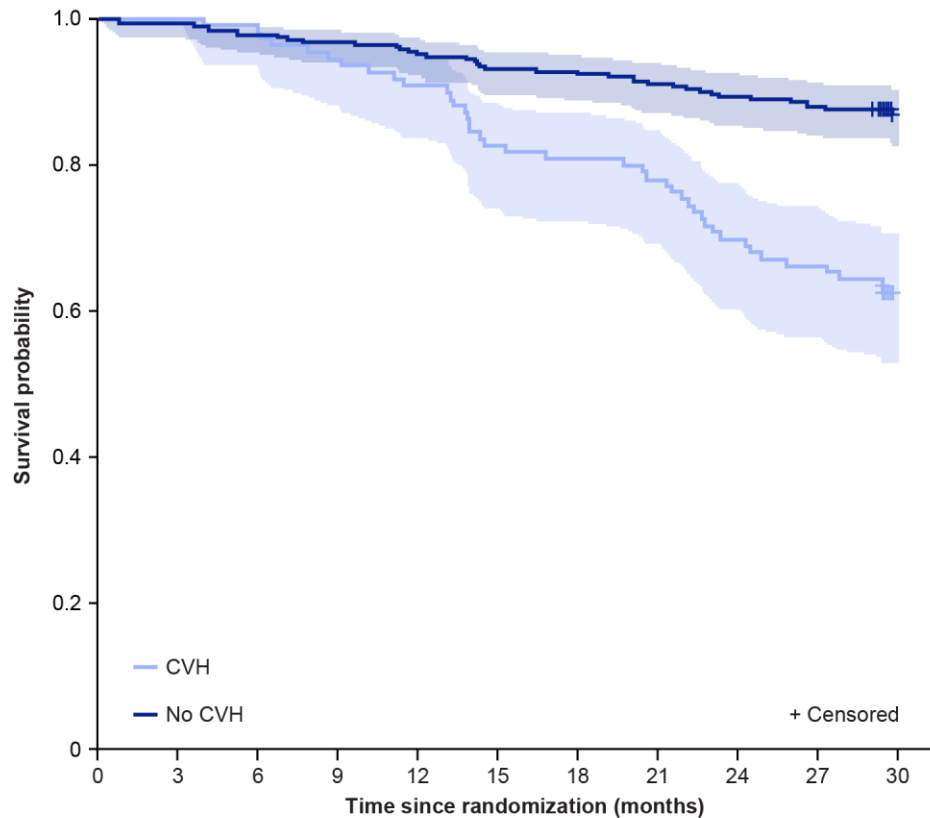
-  lower proportion with NAC stage I disease
-  higher mean NT-proBNP level
-  lower mean eGFR

Data shown are for the modified intention-to-treat population.

<sup>a</sup>Stage I, NT-proBNP level ≤ 3000 ng/L and eGFR ≥ 45 mL/min/1.73 m<sup>2</sup>; Stage III, NT-proBNP level > 3000 ng/L and eGFR < 45 mL/min/1.73 m<sup>2</sup>; the remainder were categorized as Stage II when data for NT-proBNP level and eGFR were available.

6MWD, 6-minute walk distance; ATTRv-CM, variant transthyretin amyloid cardiomyopathy; CVH, cardiovascular-related hospitalization; eGFR, estimated glomerular filtration rate; KCCQ-OS, Kansas City Cardiomyopathy Questionnaire overall summary; NAC, National Amyloidosis Center; NT-proBNP, N-terminal pro-B-type natriuretic peptide; NYHA, New York Heart Association; SD, standard deviation; TTR, transthyretin

# SURVIVAL RATE WAS SIGNIFICANTLY HIGHER IN ACORAMIDIS-TREATED PARTICIPANTS WITH NO CVH EVENTS VERSUS THOSE WITH $\geq 1$ CVH EVENT



Participants remaining at risk (cumulative events)

CVH	109 (0)	109 (0)	108 (1)	103 (6)	99 (10)	90 (19)	88 (21)	85 (24)	76 (33)	72 (37)	0 (41)
No CVH	300 (0)	298 (2)	293 (7)	290 (10)	286 (14)	279 (21)	277 (23)	273 (27)	268 (32)	264 (36)	0 (38)



**30-month survival rate**

**CVH: 62.4%**  
(95% CI: 52.6, 70.7)

**No CVH: 86.8%**  
(95% CI: 82.2, 90.3)

**$p < 0.0001^a$**

<sup>a</sup> $p$  value calculated using the log-rank test.

CI, confidence interval; CVH, cardiovascular-related hospitalization

# CONCLUSIONS



In the ATTRibute-CM study, survival rate was significantly higher in participants with no CVH events compared with those with  $\geq 1$  CVH event



CVH remains a powerful predictor of mortality in patients with ATTR-CM



Results from this post hoc analysis reinforce the importance of an effective therapy that reduces CVH in patients with ATTR-CM and that, in turn, may improve survival