



Canadian Heart Failure Society  
Société canadienne d'insuffisance cardiaque

# **Promising Therapies On The Horizon For Treatment Of ATTR Amyloidosis**

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# Relevant Disclosures

- Consulting / honoraria – Pfizer, Akcea, Alnylam, Amgen
- Research support – Pfizer, Akcea, Alnylam, Takeda
- Off-label use – Diflunisal, Doxycycline, TUDCA/Ursodiol

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## Tafamidis Treatment for Patients with Transthyretin Amyloid Cardiomyopathy

Mathew S. Maurer, M.D., Jeffrey H. Schwartz, Ph.D., Balaram Gundapaneni, M.S., Perry M. Elliott, M.D., Giampaolo Merlini, M.D., Ph.D., Marcia Waddington-Cruz, M.D., Arnt V. Kristen, M.D., Martha Grogan, M.D., Ronald Witteles, M.D., Thibaud Damy, M.D., Ph.D., Brian M. Drachman, M.D., Sanjiv J. Shah, M.D., Mazen Hanna, M.D., Daniel P. Judge, M.D., Alexandra I. Barsdorf, Ph.D., Peter Huber, R.Ph., Terrell A. Patterson, Ph.D., Steven Riley, Pharm.D., Ph.D., Jennifer Schumacher, Ph.D., Michelle Stewart, Ph.D., Marla B. Sultan, M.D., M.B.A., and Claudio Rapezzi, M.D., for the ATTR-ACT Study Investigators\*

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## Patisiran, an RNAi Therapeutic, for Hereditary Transthyretin Amyloidosis

D. Adams, A. Gonzalez-Duarte, W.D. O'Riordan, C.-C. Yang, M. Ueda, A.V. Kristen, I. Tournev, H.H. Schmidt, T. Coelho, J.L. Berk, K.-P. Lin, G. Vita, S. Attarian, V. Planté-Bordeneuve, M.M. Mezei, J.M. Campistol, J. Buades, T.H. Brannagan III, B.J. Kim, J. Oh, Y. Parman, Y. Sekijima, P.N. Hawkins, S.D. Solomon, M. Polydefkis, P.J. Dyck, P.J. Gandhi, S. Goyal, J. Chen, A.L. Strahs, S.V. Nochur, M.T. Sweetser, P.P. Garg, A.K. Vaishnav, J.A. Gollob, and O.B. Suhr

The NEW ENGLAND JOURNAL of MEDICINE

### ORIGINAL ARTICLE

## Inotersen Treatment for Patients with Hereditary Transthyretin Amyloidosis

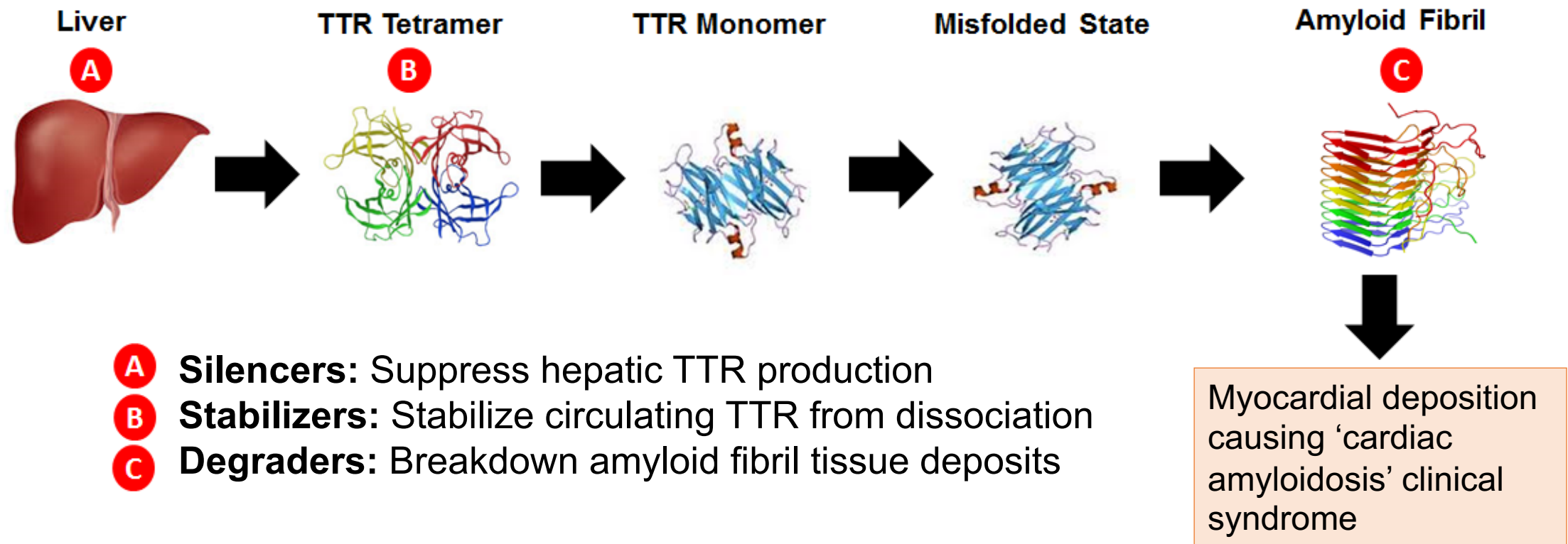
M.D. Benson, M. Waddington-Cruz, J.L. Berk, M. Polydefkis, P.J. Dyck, A.K. Wang, V. Planté-Bordeneuve, F.A. Barroso, G. Merlini, L. Obici, M. Scheinberg, T.H. Brannagan III, W.J. Litchy, C. Whelan, B.M. Drachman, D. Adams, S.B. Heitner, I. Conceição, H.H. Schmidt, G. Vita, J.M. Campistol, J. Gamez, P.D. Gorevic, E. Gane, A.M. Shah, S.D. Solomon, B.P. Monia, S.G. Hughes, T.J. Kwoh, B.W. McEvoy, S.W. Jung, B.F. Baker, E.J. Ackermann, M.A. Gertz, and T. Coelho

# Objectives

- Discuss the use of TTR '**Silencers**' for the treatment of ATTR amyloidosis
- Discuss the use of TTR '**Stabilizers**' for the treatment of ATTR amyloidosis
- Discuss the use of ATTR '**Degraders**' for the treatment of ATTR amyloidosis
- Will not be discussing issues related to conventional cardiovascular management of ATTR amyloidosis patients

# Therapeutic Targets of the Amyloidogenic TTR Cascade

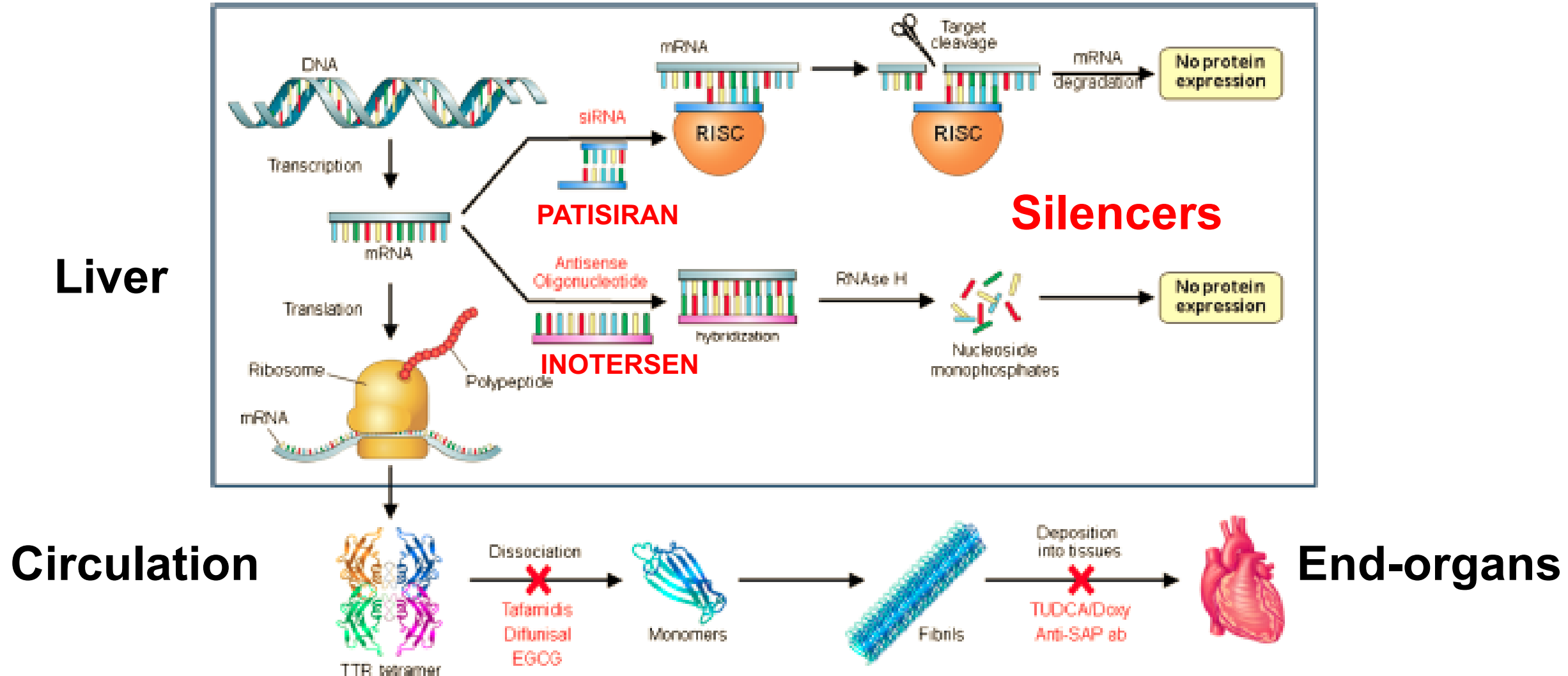
## Amyloidogenic TTR Cascade



# TTR Silencers

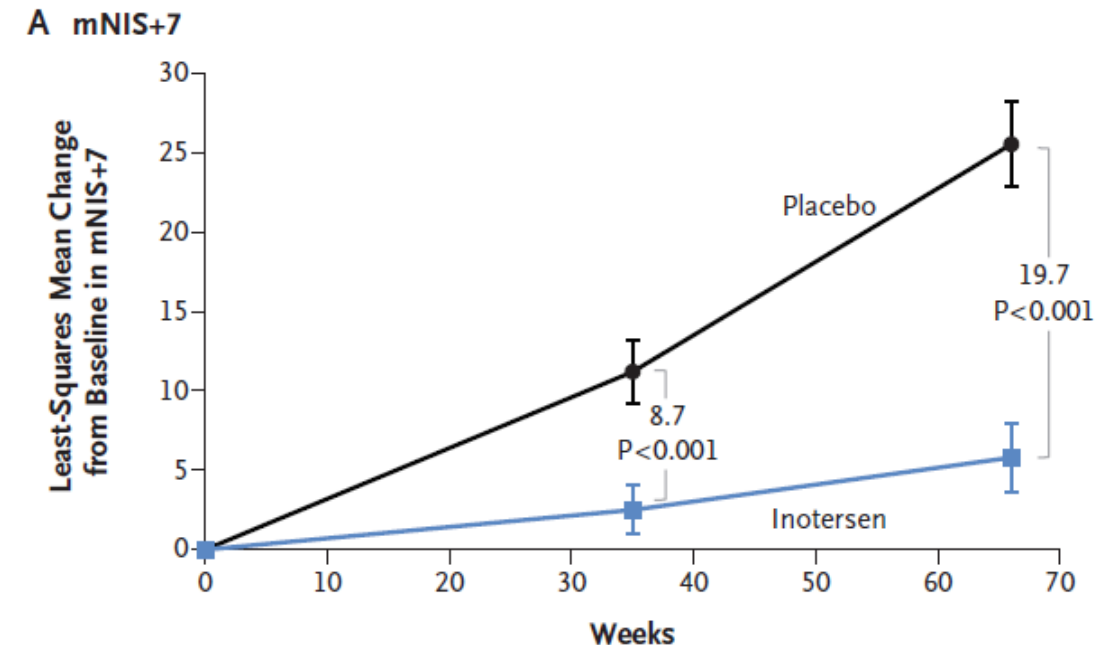
- Suppress hepatic production of transthyretin
- Two agents have recently shown benefit in phase III clinical trials, both for mutant ATTR polyneuropathy
  - **Inotersen** - antisense oligonucleotide
  - **Patisiran** - small interfering RNA

# ATTR Pharmacologic Therapies



# Inotersen

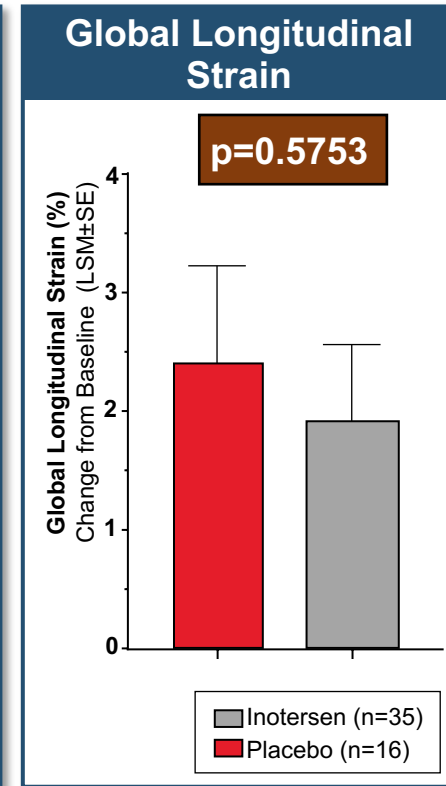
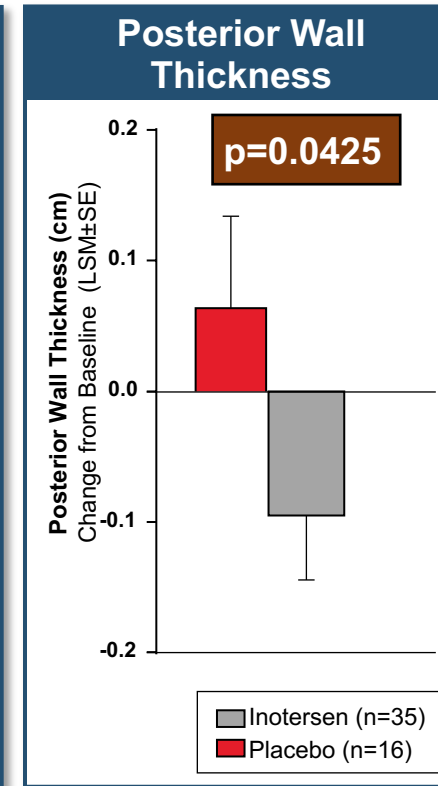
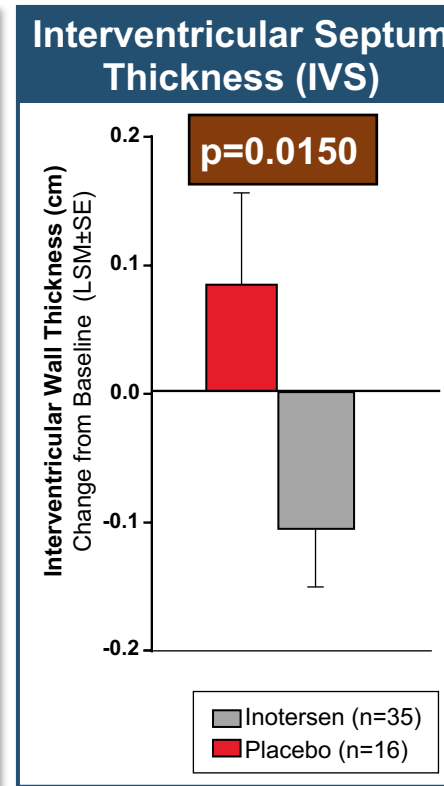
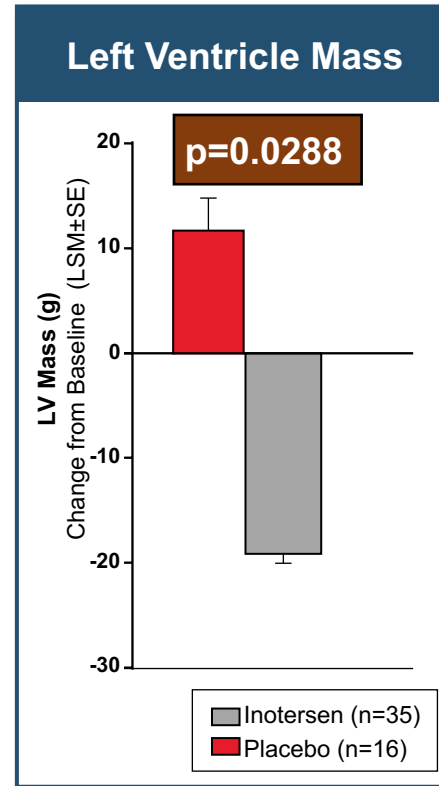
- Weekly subcutaneous dosing
- NEURO-TTR RCT (N=172) enrolled ambulatory patients with mATTR polyneuropathy, Inotersen vs placebo, 17 month FU
- Significantly ↓ neuropathy progression, 36% improved
- Safety
  - 3 pts had plts ↓ <25, 1 ICH death
  - 3 pts had glomerulonephritis
  - Plt, renal monitoring improved safety
- Approved by Health Canada Oct 2018
  - Plts >100, eGFR >45, vitamin A suppl





# Inotersen - Improved Cardiac Endpoints

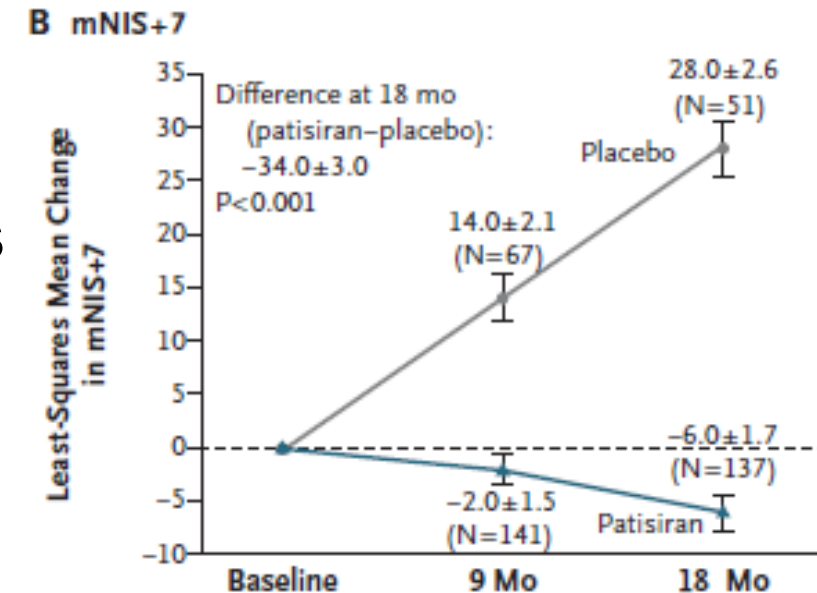
- Neuro-TTR study sub-analysis of pts with cardiac involvement



- Single-center open-label investigator-sponsored trial of ATTR CA patients receiving Inotersen
  - 6MWD improved by 13.7 m after 3 years (N=13)

# Patisiran

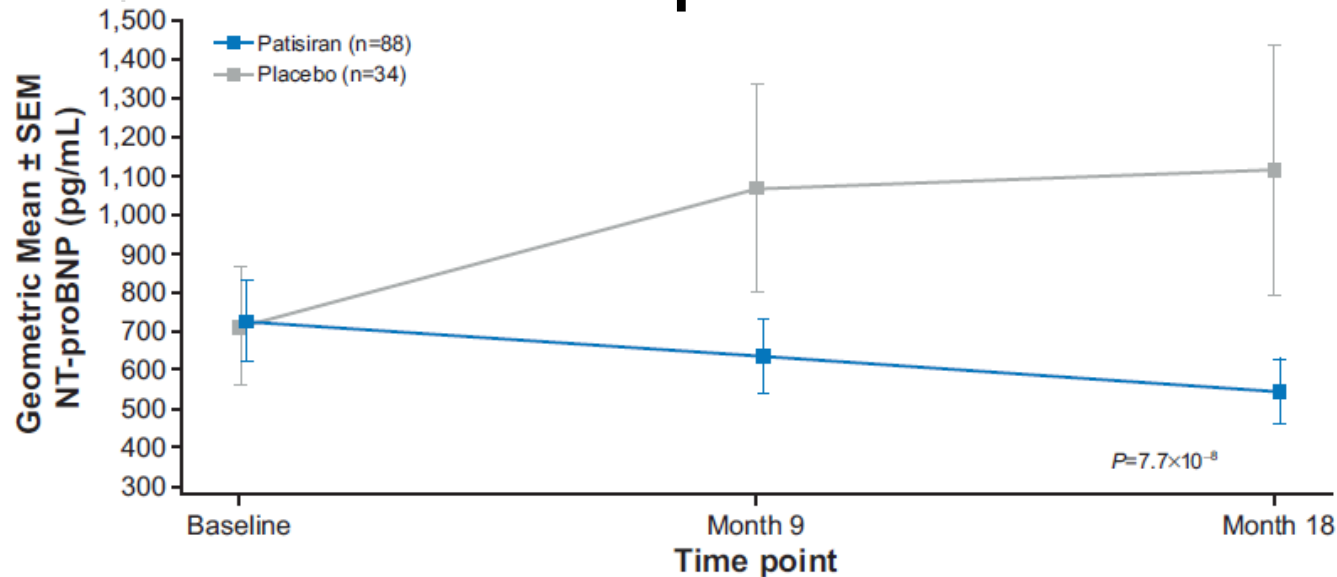
- Intravenous dosing every 3 weeks
- APOLLO RCT (N=225) enrolled ambulatory patients with mATTR polyneuropathy, Patisiran vs placebo, 18 months FU
- Significantly ↓ neuropathy progression, 56% improved
- Safety
  - Similar adverse event rates between groups
  - 19% infusion rxn (9% placebo), none serious
  - Vitamin A supplementation
- Under Health Canada review



# Patisiran – Improved Cardiac Endpoints

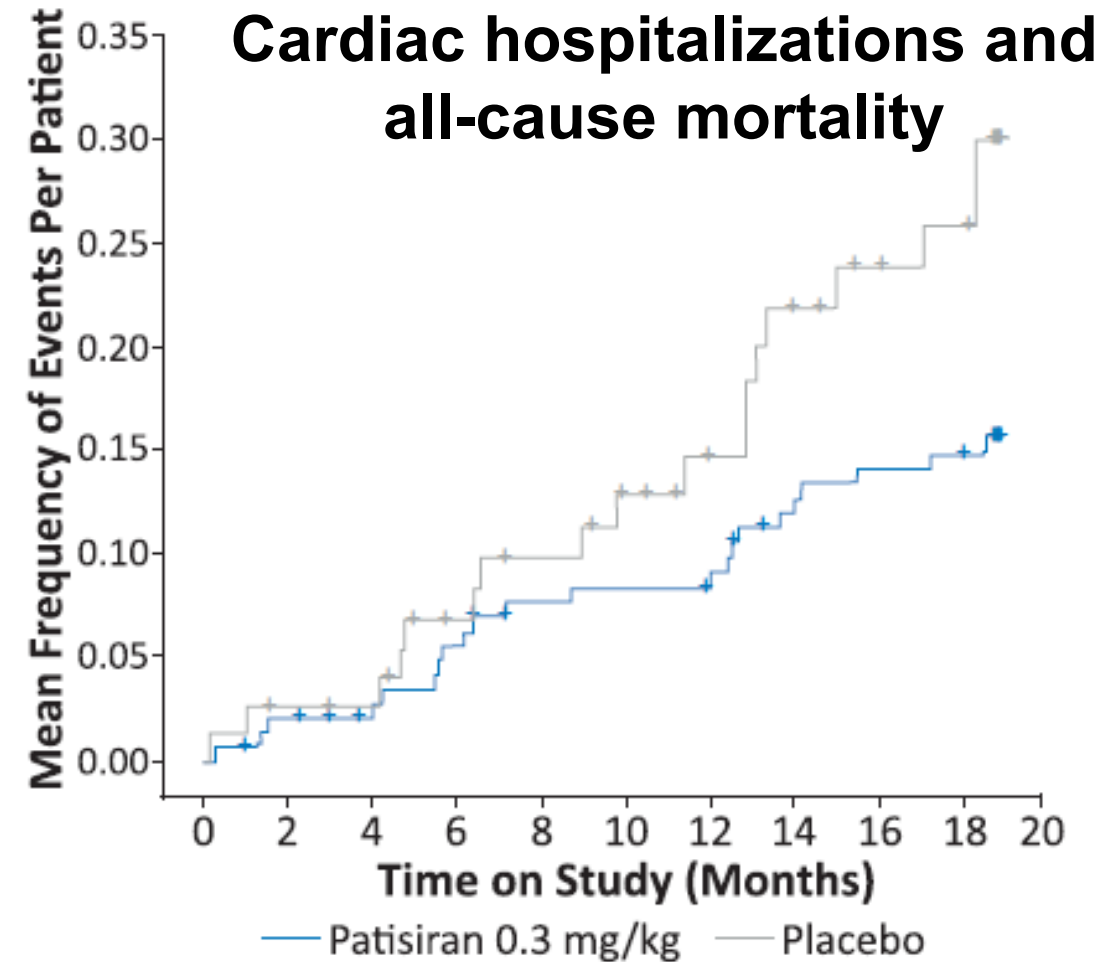
- APOLLO study sub-analysis of 126 pts with cardiac involvement

## NTproBNP



- Similar results for LV mass and wall thickness, longitudinal systolic strain, 6MWD

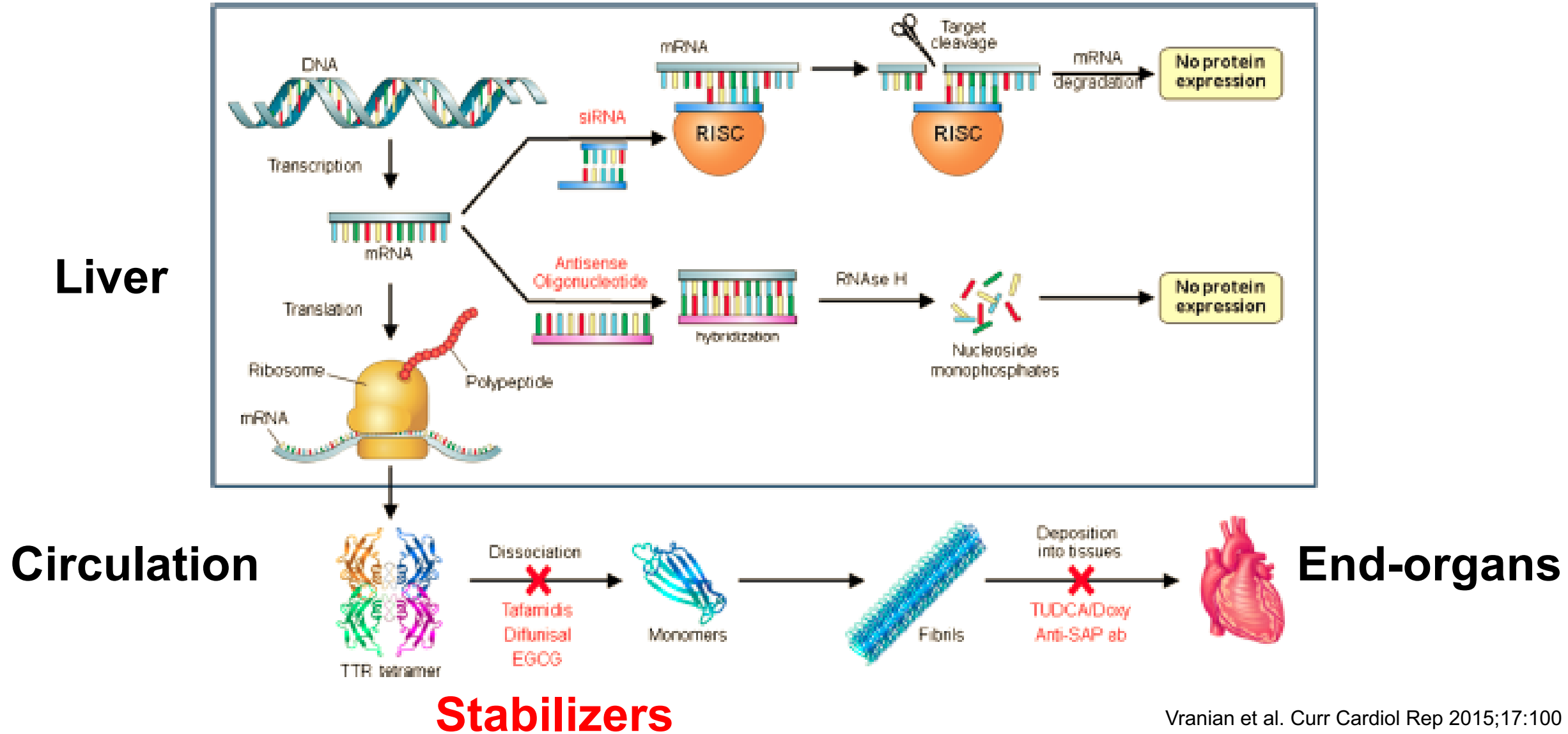
## Cardiac hospitalizations and all-cause mortality



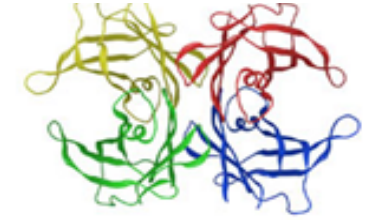
# TTR Stabilizers

- Bind to the TTR tetramer and prevent its dissociation into monomers
  - Tafamidis
  - Diflunisal
  - AG10

# ATTR Pharmacologic Therapies

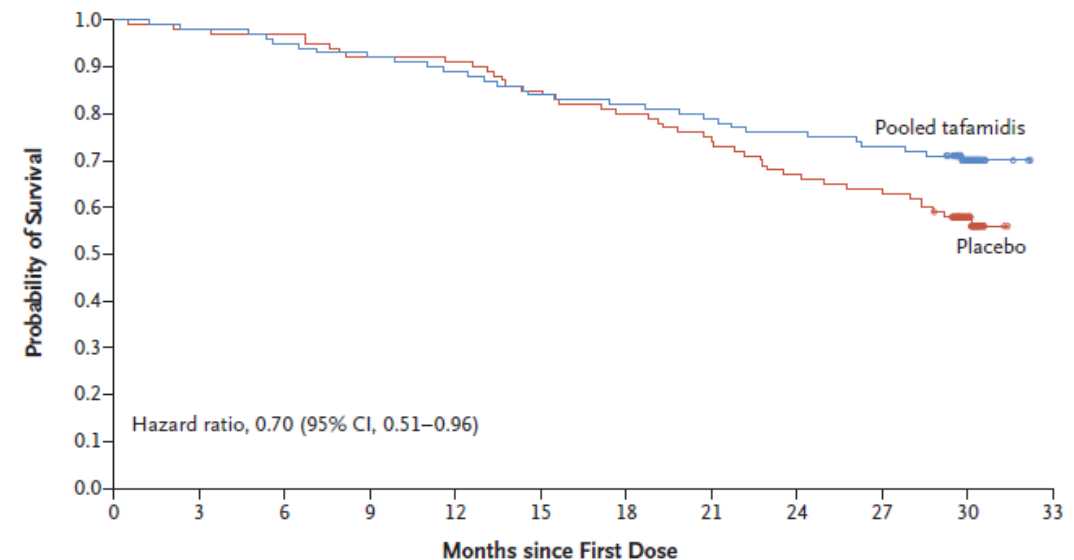


# Tafamidis



- Once daily oral dosing
- ATTR-ACT RCT (N=441) enrolled patients with mutant (25%) or wtATTR (75%) cardiac amyloidosis, Tafamidis vs placebo, 30 months FU
- **Significant ↓ all-cause mortality**
- Reduced decline in 6WMD, QoL
- Similar adverse events b/w groups
- Under Health Canada review
  - FDA approval Monday

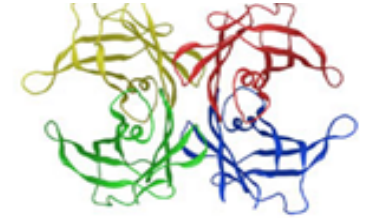
B Analysis of All-Cause Mortality



No. at Risk (cumulative no. of events)

|                  |         |         |          |          |          |          |          |          |          |          |         |        |
|------------------|---------|---------|----------|----------|----------|----------|----------|----------|----------|----------|---------|--------|
| Pooled tafamidis | 264 (0) | 259 (5) | 252 (12) | 244 (20) | 235 (29) | 222 (42) | 216 (48) | 209 (55) | 200 (64) | 193 (71) | 99 (78) | 0 (78) |
| Placebo          | 177 (0) | 173 (4) | 171 (6)  | 163 (14) | 161 (16) | 150 (27) | 141 (36) | 131 (46) | 118 (59) | 113 (64) | 51 (75) | 0 (76) |

# TTR Stabilizers



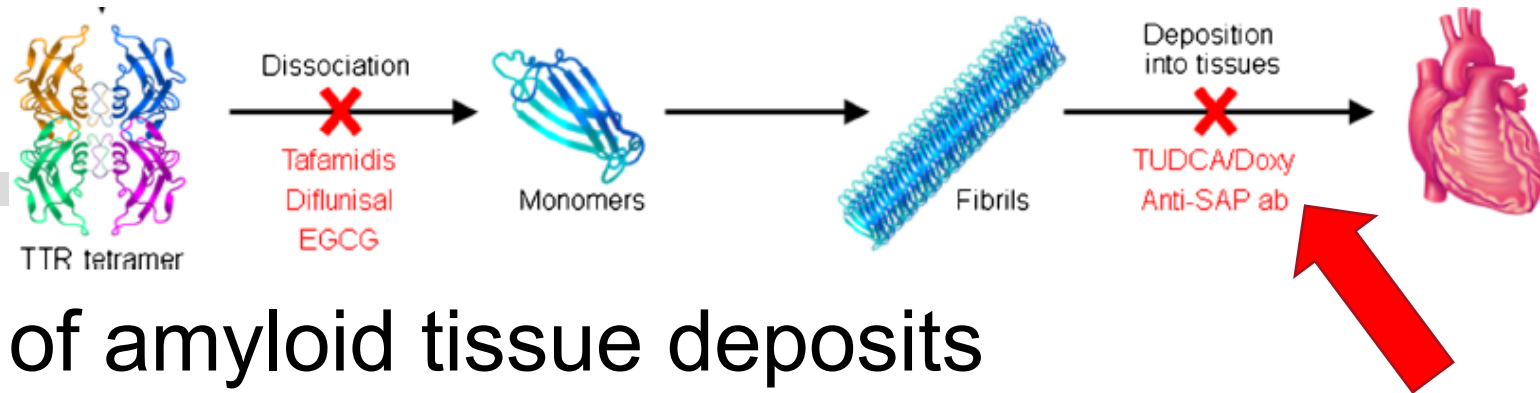
- **Diflunisal**

- NSAID, twice daily oral dosing, limited cardiac data, no clear evidence of efficacy
- Caution in patients with impaired renal function
- Off-label use

- **AG10**

- Twice daily oral dosing
- Mimics stabilizing TTR mutation (T119M) – forms hydrogen bonds between serine residues on neighboring monomer
- Well tolerated in phase II trial ATTR CA (N=49), 28 day FU
- Normalized serum TTR levels
- Phase III RCT starting

# ATTR Degraders



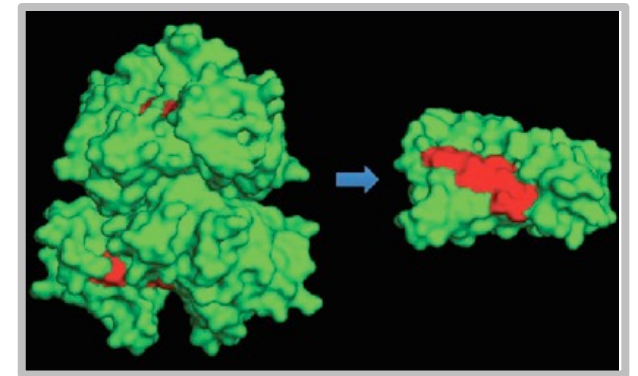
- Enhance resorption of amyloid tissue deposits
- **Doxycycline Plus TUDCA/Ursodiol**
  - May attenuate disease progression
  - 10-15% intolerance, GI and dermatologic
  - Off-label use
- **Epigallocatechin 3-gallate (EGCG, green tea extract)**
  - May attenuate disease progression
  - Well tolerated, rare GI side-effects

Vranian et al. Curr Cardiol Rep 2015;17:100  
Obici et al. Amyloid 2012;19 (suppl 1):34  
Karlstedt et al. J Card Fail 2019;25:147  
Kristen et al. Clin Res Cardiol 2012;101:805  
Cappelli et al. Intern Emerg Med 2018;12:873



# Phase III RCTs for ATTR CA

- Inotersen
- Patisiran
- Vutrisiran
  - TTR silencer, siRNA, SC q 3 months
- AG10
- Doxy/TUDCA
- PRX004
  - Amyloid degrader, monoclonal Ab that binds to dissociated monomers, aggregates and amyloid deposits
  - Phase I trial



# Summary

- Today there is no approved therapy for ATTR cardiac amyloidosis in Canada
  - **But not for long, the horizon is here!**
- Emerging therapeutic options act at different points in the TTR amyloidogenic cascade
  - ***Silencers*** – suppress TTR production
    - Inotersen, Patisiran – slow polyneuropathy progression, RCTs coming for CA
  - ***Stabilizers*** – stabilize TTR from dissociation
    - Tafamidis – survival benefit in ATTR CA
  - ***Degraders*** – reduce amyloid tissue deposit
    - Doxy/TUDCA, EGCG – role uncertain
- More therapies in development
- **Combination therapy??**

# Promising Therapies On The Horizon For Treatment Of ATTR Amyloidosis

- Thank you
- Questions or comments?
- [nmfine@ucalgary.ca](mailto:nmfine@ucalgary.ca)



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