Costs and Healthcare Resource Utilization in Transthyretin Amyloid Cardiomyopathy Exceeds That of Non-Amyloid Heart Failure

This is a plain language information of the poster presentation by Grodin J, et al, presented at the American Heart Association Scientific Sessions 2024,
16 – 18 November 2024; Chicago, IL, US

WHAT IS ATTR – CM ?

- Transthyretin amyloid cardiomyopathy, or ATTR-CM for short, is a type of heart disease that occurs when the transthyretin, or TTR, protein misfolds and forms amyloid fibrils. These amyloid fibrils then accumulate in the heart muscle, leading to thickening and stiffening of the heart walls, thereby reducing its ability to pump blood effectively.

WHY DID THE INVESTIGATORS CONDUCT THIS ANALYSIS?

- It has been estimated that up to 150,000 people in the US have heart failure caused by ATTR-CM.
- The likely outcome for people with ATTR-CM is poor, with half of the people die within 3-5 years.
- Previous studies in Europe and Asia have shown that ATTR-CM puts a heavy burden on the healthcare system. However, there is not much information about how it affects healthcare use in the US.
- It is important to understand how the burden of ATTR-CM affects patients and healthcare systems compared to those with heart failure caused by other factors (non-amyloid).

WHAT WAS THE PURPOSE OF THIS ANALYSIS?

- In this analysis, investigators wanted to compare the **healthcare resources utilization** and costs due to any causes (all-cause) and due to **cardiovascular**-related (CV-related) causes between people with ATTR-CM and people with non-amyloid heart failure in the US

HOW WAS THIS ANALYSIS DONE?

- Investigators looked at medical and pharmacy **claims data** in the US and evaluated hospitalizations and costs from participants with ATTR-CM and participants with non-amyloid heart failure.

Investigators searched a US database for claims from 2016 to 2023

Data on baseline demographics, procedures, all-cause and CV-related hospitalizations and length of stay, and hospitalizations-related costs were collected

Participants with ATTR-CM were compared with participants with non-amyloid HF

For more information, please visit:
https://bridgebio.com/what-is-attr/patient-resources

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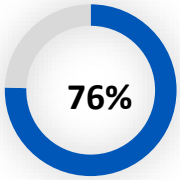
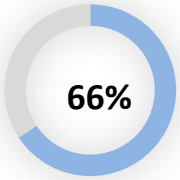
WHAT WERE THE KEY FINDINGS?

PROCEDURES OF INTEREST

- The most common procedures for both groups were **heart catheterization, coronary angiography,** intravenous (given by vein) **diuretics, endoscopy**, and **colonoscopy**.

ALL-CAUSE HOSPITALIZATIONS AND COSTS

	ATTR-CM	Non-amyloid heart failure
Percentage of people who were hospitalized		
Average length of stay per hospitalization	8.0 days	7.5 days
Average days being hospitalized each year per patient	11 days	8 days
Hospitalization cost per year per participant (inpatient cost only)	$43,000	$36,000
Hospitalization cost per year per participant (inpatient and other related costs)	$47,000	$39,000

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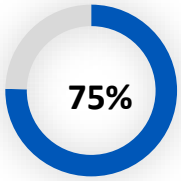
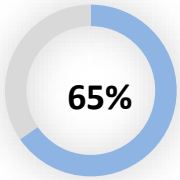
WHAT WERE THE KEY FINDINGS?

CV-RELATED HOSPITALIZATIONS AND COSTS

	ATTR-CM	Non-amyloid heart failure
Proportion of participants with CV-related hospitalization		
Average length of stay per hospitalization	8.0 days	7.5 days
Average days being hospitalized each year per patient	10.5 days	8 days
Hospitalization cost per year per participant (inpatient cost only)	$43,000	$36,000
Hospitalization cost per year per participant (inpatient and other related costs)	$47,000	$39,000

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WHAT DO THE RESULTS MEAN?

- ATTR-CM is associated with equal or greater hospitalization and costs burden on the US healthcare system than non-amyloid heart failure.
- The higher burden of disease and resource utilization associated with ATTR-CM may be addressed by implementing new treatment strategies.
- More research is needed to see if timely diagnosis and early treatment can reduce disease burden and resource utilization due to ATTR-CM at the health system level.

GLOSSARY

- **Cardiovascular:** The system in the body that includes the heart (cardio-) and blood vessels (vascular).
- **Claims data:** Information entered into an insurance database whenever someone is seen by a doctor, diagnosed with an illness, has any medical procedure, or being prescribed a drug.
- **Colonoscopy:** A medical procedure to examine the inside of your large intestine (colon) and rectum to check of colon cancer or polyps (small growths that can become cancerous)
- **Coronary Angiography:** A medical test that uses X-rays to look at the blood vessels in your heart and check if there are any blocked or narrow arteries (blood vessel that carries oxygenated blood).
- **Diuretics:** Also known as “water pills” to help your body to get rid of excess salt and water, thereby reducing the amount of fluid in your blood vessels. Thus, it helps to lower blood pressure and reduce workload on your heart.
- **Endoscopy:** A medical procedure that allows doctors to look inside your body using a long thin tube called an endoscope.
- **Healthcare resource utilization:** A measurement and description of how healthcare services, such as doctor visit or hospitalization, are accessed and used.
- **Heart Catheterization:** A medical procedure used to diagnose and treat certain heart conditions. In this procedure, a doctor inserts a thin flexible tube called a catheter into a blood vessel, usually in your arm or leg, and guides it to your heart to check for narrowed or block blood vessels or perform treatments to open these blood vessels.
- **Inpatient:** Being admitted or staying in a hospital for at least one night.

This study was funded by BridgeBio Pharma, Inc. San Francisco, CA, US.

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