



Burden of Disease and Healthcare Resource Use in Patients with Hereditary Transthyretin Amyloidosis in Spain: Findings from the OverTTuRe Global Study

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1 INTRODUCTION

- Hereditary transthyretin (ATTRv) amyloidosis is a rare, progressive, life-threatening disease caused by variants resulting in amyloid accumulation in organs and tissues.
- It mainly presents with peripheral and autonomic neuropathy, but can also affect the heart, kidneys, and eyes.

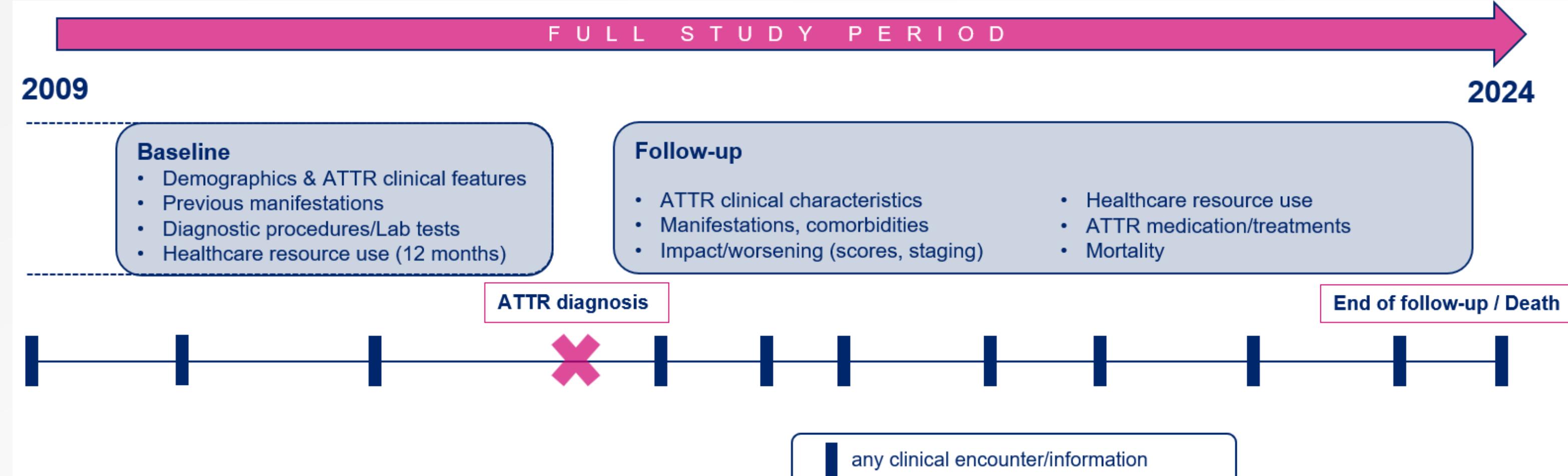
2 OBJECTIVE

- OverTTuRe's objective is to provide a comprehensive review of the disease's natural history.
- This analysis presents data from Spain, focusing on healthcare resource use and mortality.

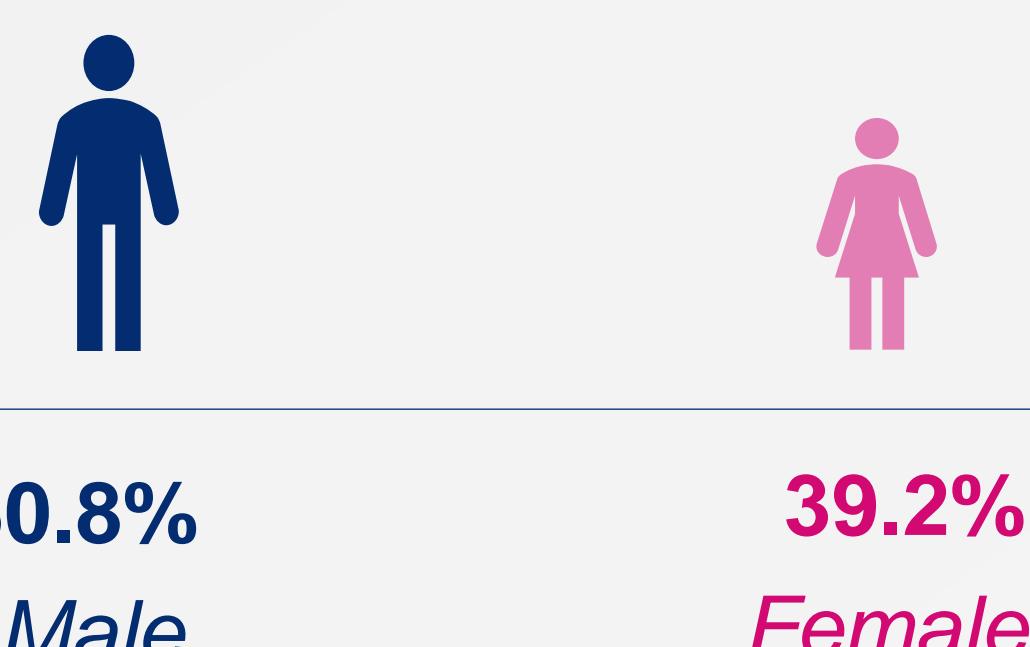
3 METHOD

- Retrospective observational study of medical records from 11 Spanish hospitals. The Coutinho staging, used to assess polyneuropathy severity - ranging from 0 (presymptomatic) to 3 (inability to walk) - was collected

Figure 1. Study flow diagram



4 RESULTS



Healthcare resource use

- During follow-up, 40.1% were hospitalized at least once, 58.9% visited the ER and 95.2% visited a specialist.
- Mean hospital length of stay was 10 days (SD: 18.8)



n=212 (160 with Coutinho staging available)



Mean age at Dx: 60.9 years (SD=15.2)

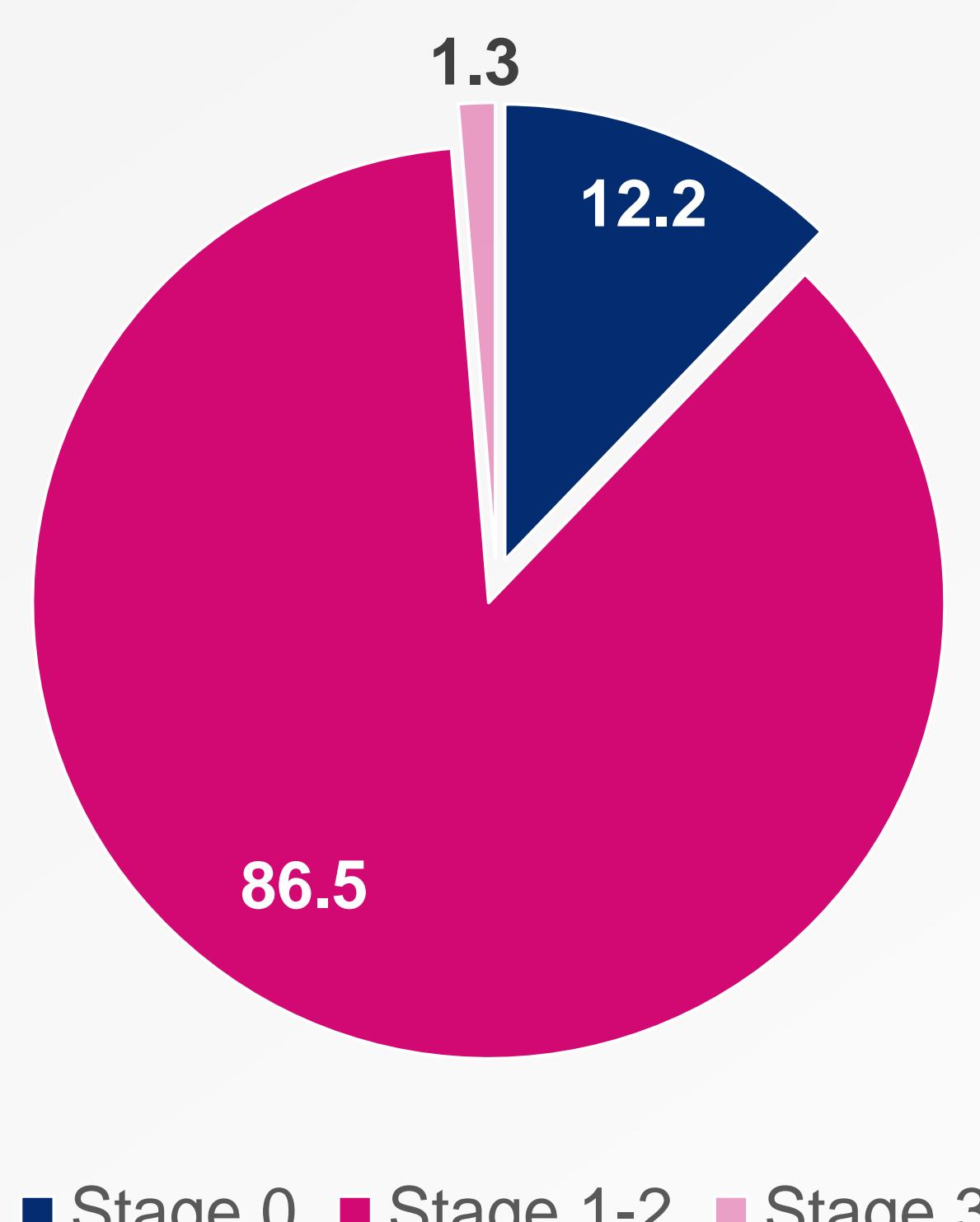


Median time from first manifestation to diagnosis: 7.9 months (IQR=0.6-44.6)



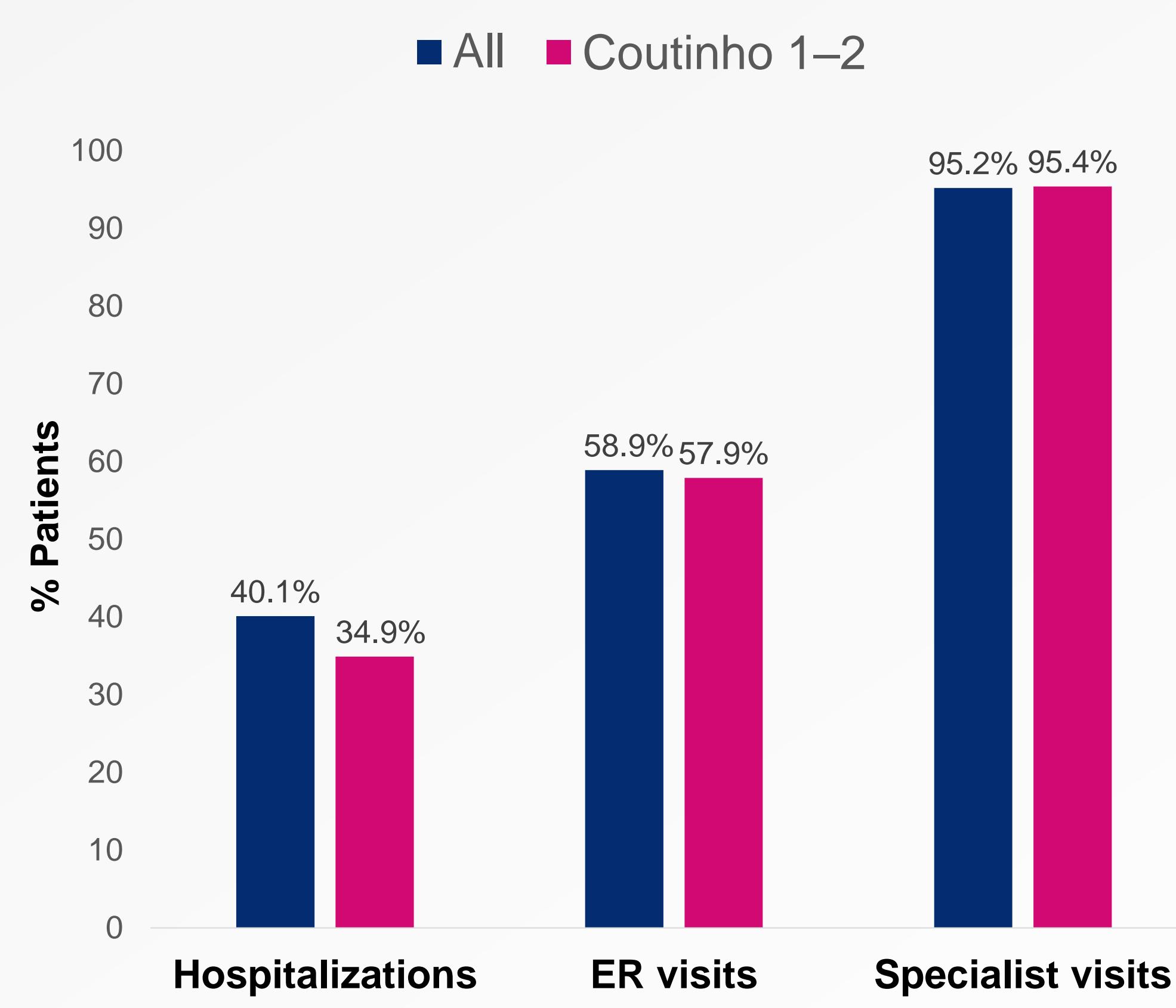
Average follow-up: 57.9 months (SD=38.4)

Figure 2. Coutinho staging (%) (n=160)



ER: emergency room; SD: standard deviation; Dx: diagnosis; PPPY: per patient per year; IQR: interquartile range

Figure 3. Healthcare resource use (%)



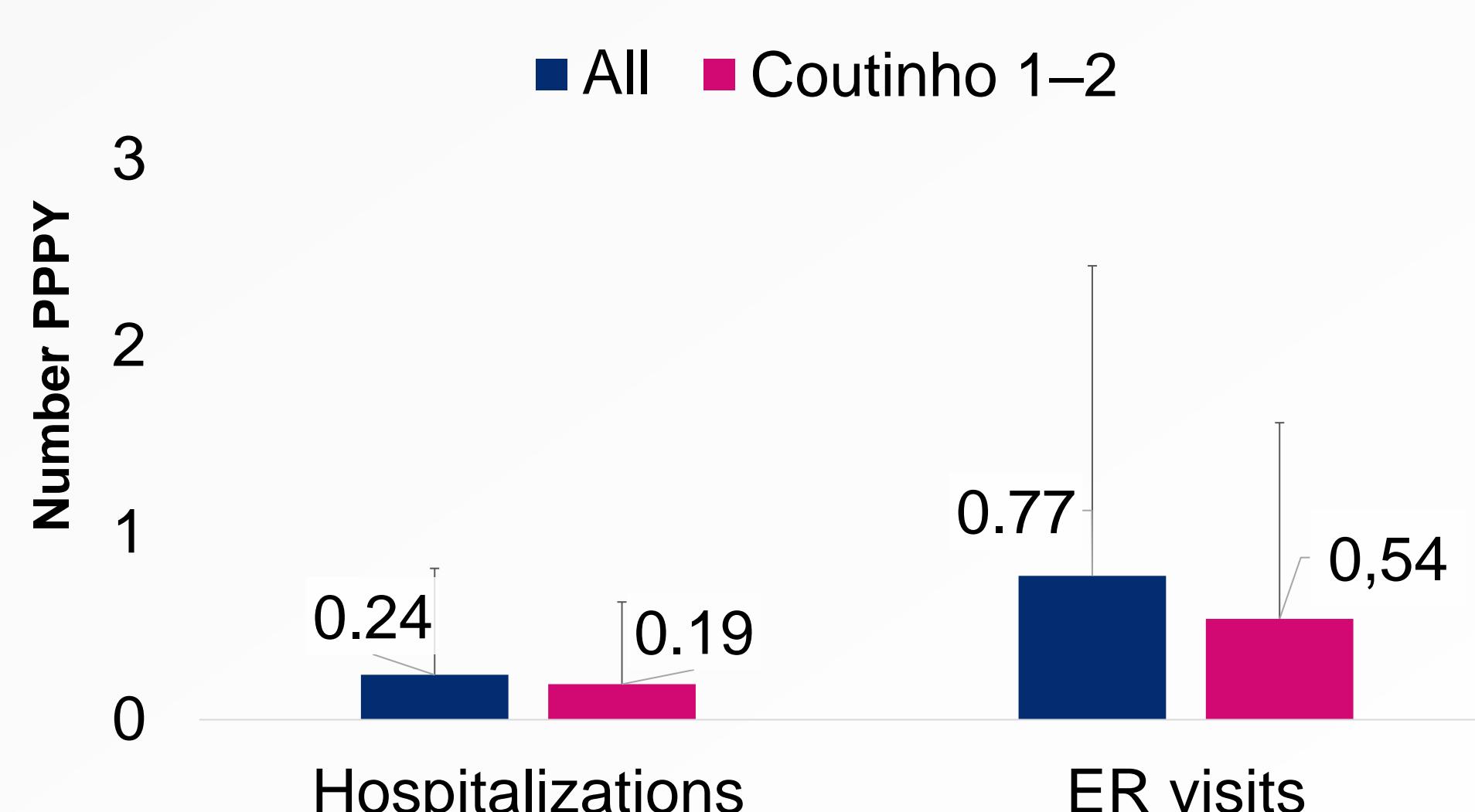
Mortality
(overall follow-up)

14.4%
(13.3% in Coutinho 1-2).

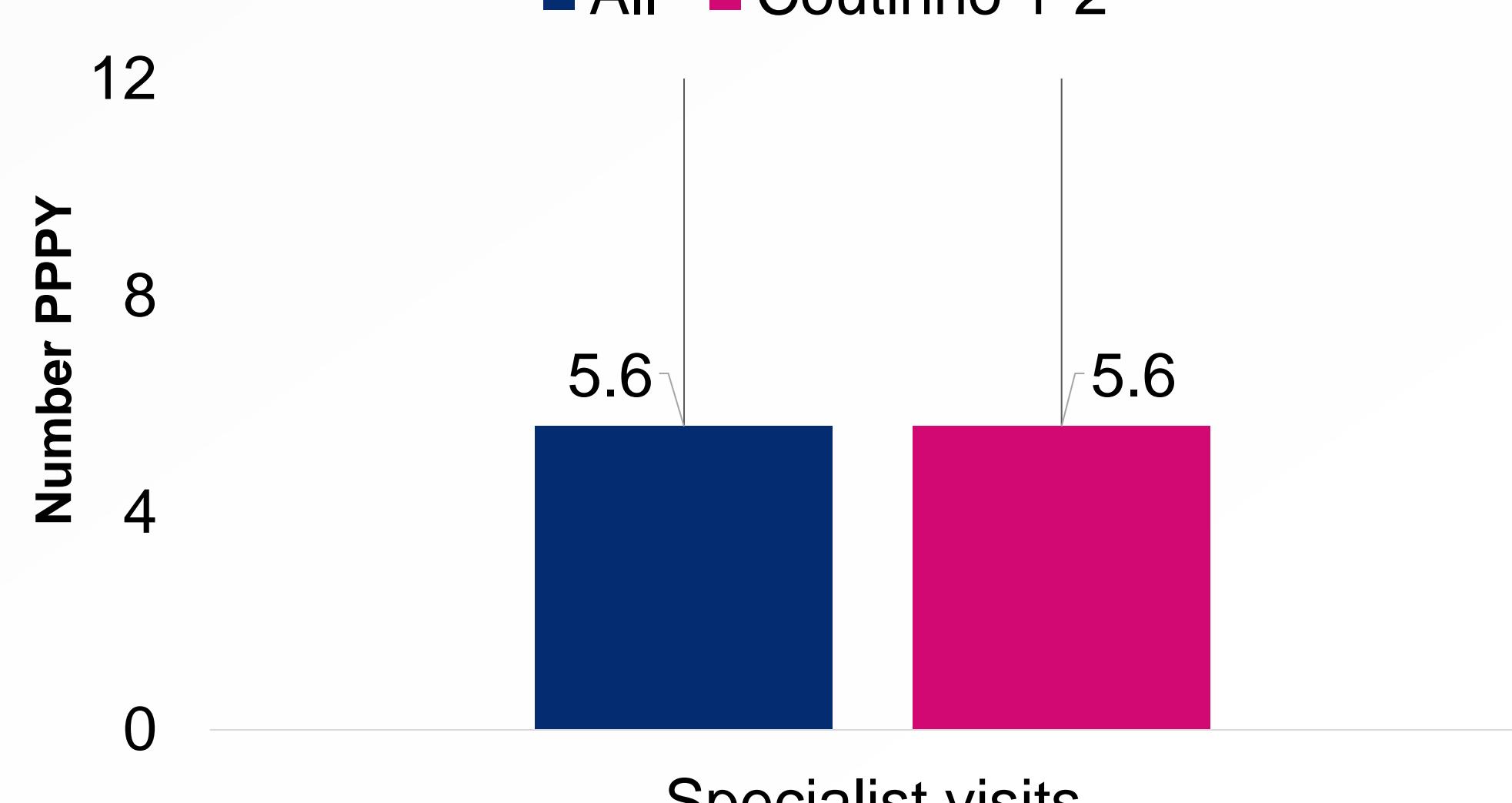
Figure 4. Healthcare resource use per patient per year (PPPY) (mean).

A: hospitalizations and ER visits; B: specialist visits

A



B



5 CONCLUSIONS

ATTRv amyloidosis imposes a substantial burden on patients and the healthcare system, as evidenced by high rates of hospitalizations, ER visits, specialist consultations, and mortality even in early stages.

These findings underscore an urgent need for improved clinical management and initiation of disease-modifying therapies to mitigate the impact of this progressive condition.