ATTRibute-CM trial

#ESCCongress

Acoramidis (AG10) in patients with transthyretin amyloid cardiomyopathy

Conclusion

Acoramidis improves outcomes in patients with transthyretin amyloid cardiomyopathy (ATTR-CM) compared with placebo.

Impact on clinical practice

Acoramidis has the potential to be an effective and safe alternative to tafamidis for the treatment of ATTR-CM.

Study objectives

The ATTRibute-CM trial evaluated the efficacy and safety of acoramidis in patients with ATTR-CM.

Study population

Eligible patients with wild-type or variant symptomatic ATTR-CM.

Who and what?

632 patients

randomised 2:1 *for 30 months*

oral acoramidis 800 mg twice daily

placebo

Patients in both arms had the option of initiating open-label, commercially available tafamidis after 12 months in the study.

Primary endpoint

Analysed at 30 months: a hierarchical analysis by the Finklestein-Schoenfeld method of all-cause mortality, CV-related hospitalisation, NT-proBNP, and 6 minute walk distance (6MWD).

vs.

overall win ratio 1.8
95% CI 1.4 to 2.2
p<0.0001

Secondary endpoints

all-cause mortality:

vs.

absolute risk reduction 6.4%; relative risk reduction 25%
hazard ratio 0.772; 95% CI 0.542 to 1.102; p=0.15

cumulative frequency of CV-related hospitalisation reduced with

vs.

absolute risk reduction: 0.226 CV-related hospitalisations per year
relative risk reduction: 50.4%; 95% CI 30.5% to 64.5%; p<0.0001

change from baseline in NT-proBNP lower with

vs.

ratio of adjusted geometric mean fold-change 0.529; 95% CI 0.463 to 0.604; p<0.0001

decline in change from baseline in 6MWD reduced with

vs.

least squares mean difference 39.64 m;
95% CI 21.07 to 58.22; p<0.0001

ESC