Identifying the polyneuropathy of hereditary transthyretin-mediated (hATTR) amyloidosis

hATTR amyloidosis has a heterogeneous symptom presentation—and patients often present with a range of symptoms.\textsuperscript{1,2}

Evidence of multisystem involvement should raise suspicion of hATTR amyloidosis.\textsuperscript{1} The list below is not comprehensive of all symptoms a patient with the polyneuropathy of hATTR amyloidosis may experience and is not intended to confirm a diagnosis.

**Ask your patients about symptoms of:**

**Sensory-motor neuropathy\textsuperscript{1}**

*Does the patient have any of the following sensory-motor symptoms?*

- Pain in the feet, hands, legs, or arms
- Burning, numbness, or tingling in the feet or hands (paresthesia)
- Bilateral carpal tunnel syndrome
- Weakness

**Autonomic neuropathy\textsuperscript{1}**

*Does the patient present with symptoms of autonomic neuropathy?*

- Orthostatic hypotension
- Alternating episodes of diarrhea and constipation
- Nausea and/or vomiting
- Sexual dysfunction
- Unexplained weight loss

**Additional red-flag signs\textsuperscript{1}**

- Cardiac manifestations
- Family history of hATTR amyloidosis symptoms
- Rapid disease progression
- Failure to respond to prior therapies, such as immunomodulatory treatments

**Consider hATTR amyloidosis**

For patients presenting with symptoms of polyneuropathy, genetic testing for hATTR amyloidosis should be strongly considered.\textsuperscript{1}
Indication
ONPATTRO® (patisiran) is indicated for the treatment of the polyneuropathy of hereditary transthyretin-mediated amyloidosis in adults.

Important Safety Information

Infusion-Related Reactions
Infusion-related reactions (IRRs) have been observed in patients treated with ONPATTRO. In a controlled clinical study, 19% of ONPATTRO-treated patients experienced IRRs, compared to 9% of placebo-treated patients. The most common symptoms of IRRs with ONPATTRO were flushing, back pain, nausea, abdominal pain, dyspnea, and headache.

To reduce the risk of IRRs, patients should receive premedication with a corticosteroid, acetaminophen, and antihistamines (H1 and H2 blockers) at least 60 minutes prior to ONPATTRO infusion. Monitor patients during the infusion for signs and symptoms of IRRs. If an IRR occurs, consider slowing or interrupting the infusion and instituting medical management as clinically indicated. If the infusion is interrupted, consider resuming at a slower infusion rate only if symptoms have resolved. In the case of a serious or life-threatening IRR, the infusion should be discontinued and not resumed.

Reduced Serum Vitamin A Levels and Recommended Supplementation
ONPATTRO treatment leads to a decrease in serum vitamin A levels. Supplementation at the recommended daily allowance (RDA) of vitamin A is advised for patients taking ONPATTRO. Higher doses than the RDA should not be given to try to achieve normal serum vitamin A levels during treatment with ONPATTRO, as serum levels do not reflect the total vitamin A in the body.

Patients should be referred to an ophthalmologist if they develop ocular symptoms suggestive of vitamin A deficiency (e.g. night blindness).

Adverse Reactions
The most common adverse reactions that occurred in patients treated with ONPATTRO were upper respiratory tract infections (29%) and infusion-related reactions (19%).

For additional information about ONPATTRO, please see the full Prescribing Information.