# Trial demonstrates potential of acoramidis for transthyretin amyloid cardiomyopathy

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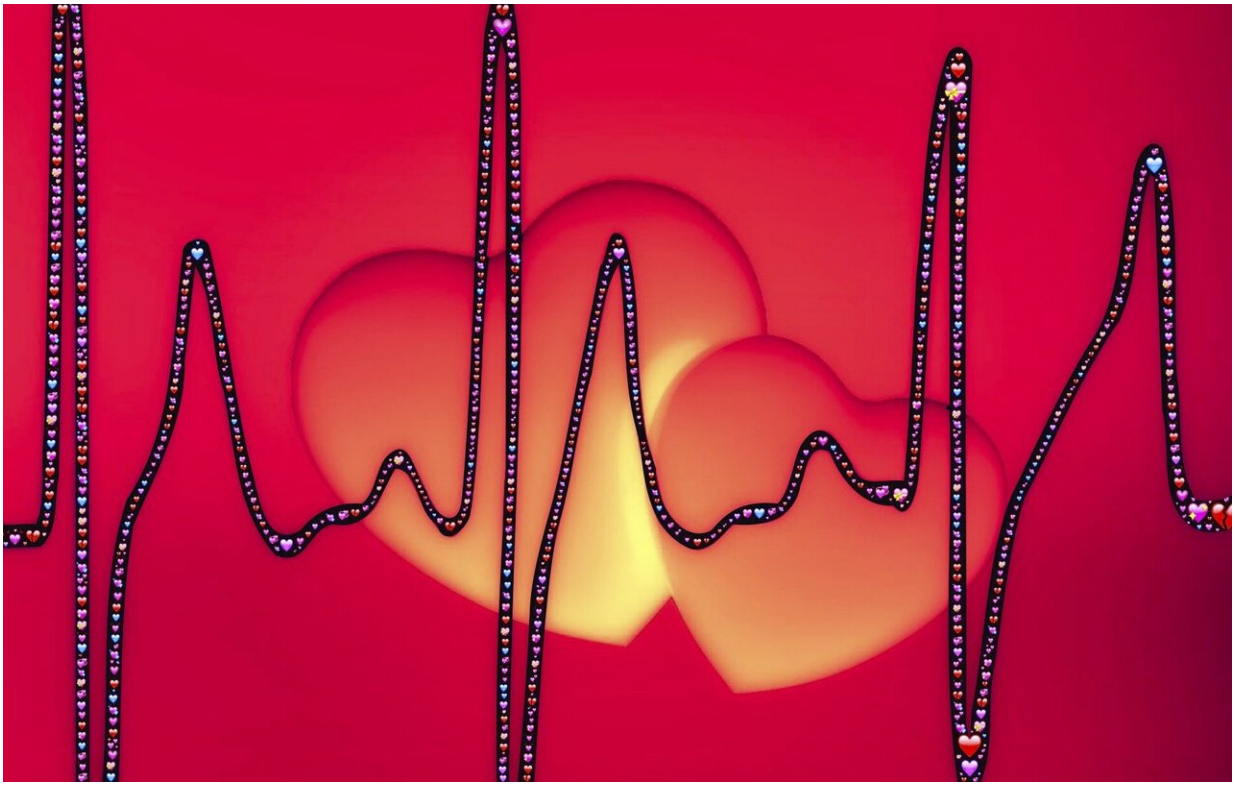

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Acoramidis improves outcomes in patients with transthyretin amyloid cardiomyopathy (ATTR-CM) compared with placebo, according to late breaking research presented in a Hot Line session today at ESC Congress 2023.

ATTR-CM is a rare, progressive, and fatal disease characterized by the accumulation of misfolded transthyretin protein in the heart. It causes an infiltrative, restrictive cardiomyopathy resulting in clinical heart failure, usually with preserved ejection fraction. Previously, the ATTR-ACT trial of tafamidis in ATTR-CM demonstrated a reduction in all-cause mortality, cardiovascular-related hospitalization and declines in functional capacity by 6-minute walk distance (6MWD) and quality of life assessed by the Kansas City Cardiomyopathy Questionnaire overall summary score (KCCQ-OS), as compared with placebo.

Acoramidis has been shown to be a superior stabilizer of transthyretin as compared with tafamidis in vitro, and a phase 2 study in ATTR-CM patients with symptomatic heart failure suggested that it had the potential to be a safe and effective therapy for such patients.

ATTRibute-CM was a multinational, randomized, double-blind, placebo-controlled phase 3 trial evaluating the efficacy and safety of acoramidis in patients with ATTR-CM. Eligible patients with wild-type or variant symptomatic ATTR-CM were randomly allocated in a 2:1 ratio to oral acoramidis 800 mg twice daily or placebo for 30 months. Participants in both arms had the option of initiating open-label, commercially available tafamidis after 12 months in the study. Patients were invited to participate in an open-label, long term extension study of acoramidis if they completed the 30-month ATTRibute-CM study.

The primary endpoint, analyzed at 30 months, was a hierarchical analysis by the Finklestein-Schoenfeld method of all-cause mortality, cardiovascular-related hospitalization, NT-proBNP, and 6MWD. Secondary endpoints included the components of the primary endpoint, KCCQ-OS, and serum transthyretin levels.

A total of 632 patients with ATTR-CM were randomized. The median age was 78 years, 90% of participants were male, and 10% were variant

TTR carriers. Most participants had either New York Heart Association Class II (72.0%) or Class III (17.2%) symptoms. The primary hierarchical endpoint analysis was highly statistically significant, resulting in a win ratio of 1.8 (95% confidence interval [CI] 1.4 to 2.2; p