Familial Amyloidosis: Historical Perspective

Amyloid Support Group Familial Amyloidosis Meeting
Chicago, Illinois
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When was TTR amyloid discovered?

- 1854 Virchow (Germany) Discovery of amyloid in tissue (Virchow’s Arch. Pathol. Anat. Physiol. (6: 268))
- 1952 Andrade (Portugal) A peculiar form of peripheral neuropathy (Brain 75:408)

Dr. Andrade reported an amyloid disease prevalent in one area of northern Portugal. He showed that it was inherited and caused neuropathy in mid-life.
First Symposium, Groningen 1967
First Symposium Proceedings…
1967 1st Symposium on Amyloidosis

- Six clinical reports:
  - one on familial amyloidosis associated with neuropathy, FAP
  - one on amyloid associated with rheumatoid arthritis
  - one on diagnostic tests
  - 3 reports on amyloid and aging
1967 1st Symposium on Amyloidosis

There were only 6 clinical reports. The most comprehensive was Dr. Andrade’s report on 696 cases of amyloidotic polyneuropathy in 173 families in northern Portugal (Povoa de Varzim)

- all had biopsy proven amyloidosis
- hereditary nature of the disease
- showed degeneration of peripheral nerves by pathologic examination
- “no mild cases”
Further studies....

- 1978  Amyloid deposits stained with antibody to prealbumin (TTR)
- 1981  Amyloid fibrils proven to be prealbumin
- 1983  First discovery of prealbumin gene mutation (Val-30-Met)
- 1986  Prealbumin re-named trans thy retin
- 1983-present  More than 100 pathologic TTR mutations discovered
Prealbumin, aka transthyretin
Systemic amyloidosis:
Systemic non-AL amyloidoses (20%)

- AA (or secondary) 2%
- Age-related (senile) systemic amyloidosis 2-3%
- Familial forms due to gene mutations
  - ATTR 10-12%
  - Apolipoprotein AI < 1%
  - Apolipoprotein AII < 1%
  - Fibrinogen A alpha < 1%
  - Lysozyme < 1%
  - Gelsolin < 1%
When was SSA discovered?

- **1980** Sletten and colleagues noted the protein type was related to transthyretin (Scand. J Immunol. 12:503)
- **1983** Cornwell and colleagues reported on the clinical features of age-related cardiac amyloidosis (Am. J. Med. 75:618)
When were rare familial types discovered?

<table>
<thead>
<tr>
<th>Type</th>
<th>Discovery</th>
<th># mutant forms</th>
<th>Clinical feature *predominant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apolipoprotein AI</td>
<td>Benson, 1988</td>
<td>15</td>
<td>kidney*, liver, heart, skin</td>
</tr>
<tr>
<td>Apolipoprotein AIi</td>
<td>Benson, 2001</td>
<td>5 (all stop codons)</td>
<td>kidney</td>
</tr>
<tr>
<td>Fibrinogen A α</td>
<td>Benson, 1993</td>
<td>9</td>
<td>kidney*, nervous system</td>
</tr>
<tr>
<td>Lysozyme</td>
<td>Pepys, 1993</td>
<td>6</td>
<td>kidney*, GI, skin</td>
</tr>
<tr>
<td>Gelsolin</td>
<td>Maury, 1990</td>
<td>2</td>
<td>cranial neuropathy*, cornea, kidney</td>
</tr>
</tbody>
</table>
Making the correct diagnosis

- Tissue biopsy positive for amyloid
- R/O AL and AA amyloidoses
- Confirm tissue type by immunohistochemistry with antibody to specific protein (or mass spec, if avail.)
- Confirm all inherited forms by genetic analysis of patient’s DNA
Diagnostic testing

- Isoelectric focusing: detection of variant TTR protein in serum
  
  (+)  N

- Immunohistochemistry: identification of deposited protein in fat or tissue biopsies

- Genetic analyses: identification of gene mutation

- Mass spectrometry: characterization of TTR variant

DNA Seq  RFLP
Systemic non-AL amyloidoses

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Age-related systemic amyloidosis (SSA)

- Caused by wild-type TTR
- Heart predominant organ involved
- Older age; mostly men
- Also called senile systemic amyloidosis or senile cardiac amyloidosis
SSA diagnosis made by:

- Tissue biopsy positive for amyloid
- Amyloid deposits positive for TTR
- TTR genetic testing negative for a TTR mutation
- Clinical picture of older person, most likely with cardiomyopathy and without multisystem disease
114-year-old Arbella Perkins Ewings, considered the oldest person in Texas, died Saturday at a Dallas retirement home.

At 114, one of Texas' supercentenarians dies

By: Andrew Kreighbaum

Posted: 3/25/08

Genes and lifestyle choices are known to prolong a person's life, but caretakers of the oldest Texan say faith kept her active for more than a century.

Arbella Perkins Ewings of Dallas was 114 years old when she died Saturday. She was one of a small subset of Americans called supercentenarians - people who have exceed the age of 110. Ewings had been living at home before she was moved into a nursing home to receive treatment for a broken hip.

Female supercentenarians are statistically dominant, outnumbering men in the group by as many as 10-to-1. Coles speculated that the XX chromosome structure in a woman's genome may act as a compensation measure. Men only have one X chromosome, and if it is defective he cannot compensate for it as a woman could.

The cause of death of most supercentenarians is TTR-amyloidosis, a failure of a thyroid hormone that controls metabolism and maintains body temperature.
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Familial (ATTR) amyloidosis: most common familial form

Trans thy retin is a transport protein for thyroid hormone and retinol binding protein

Cause: Autosomal dominant inheritance of a mutant transthyretin gene (100+ variants, most cause amyloidosis)

Onset age: 20’s-old age; same within family; onset for women is a little later than for men

Survival: 7-15 years from diagnosis
TTR mutation: V122I

- variant TTR present in 4% of individuals of African ancestry
- associated with cardiomyopathy of late onset
- incidence of disease unknown
TTR amyloid pathogenesis...

Translabeled in transthyretin

127 amino acids (building blocks)

Normal TTR  Mutant TTR  amyloid deposits
Diagnosis and treatment of familial ATTR amyloidosis

Diagnosis:
- IEF screening test will show variant protein in serum; DNA sequencing necessary for diagnosis of mutation.
- Important to look for TTR mutation in all Black individuals with cardiomyopathy

Major treatment:
- liver transplantation
- diflunisal: multicenter international clinical trial in review
- Tafamidis (Pfizer): international trial awaits FDA approval
- ALN-TTR-NT-001 (Alnylam): clinical trial underway in Europe
- ISIS
ATTR supportive treatment

1. For heart:
   diuretics; low salt diet; rhythm control, if necessary

2. For peripheral neuropathy:
   medications; active exercises; ankle braces; foot care

3. For autonomic neuropathy: BP and GI midodrine for low BP, elastic stockings
   Low fat diet, meds for diarrhea, food supplements, etc

4. Genetic counseling
Autosomal dominant inheritance...

Each child has a 50-50 chance of inheriting the mutant gene
Genetic Information Nondiscrimination Act (GINA)

- 2000 President signed order to protect federal employees from genetic discrimination in employment
- 2008 Congress finally passed GINA
- May 21, 2009 health insurance protection
- November 21, 2009 employment protection
In making decisions about your health insurance or employment, GINA prohibits:

- Using genetic test results on you
- Using genetic tests from a family member,
- Using manifestations of a genetic disease in the family
- Using the participation of you or family in genetic research
Also GINA prohibits....

- Insurers from using genetic information to set health insurance eligibility or premiums
- Insurers from requiring an individual to take a genetic test
- Using genetic information for hiring, firing, or promotions in employment decisions
GINA (con’t)

- Legislation varies by state in protections provided
- Allows individuals experiencing discrimination to file a civil suit (damages capped at $300,000. plus back pay)
Boston Amyloidosis Center

Support
- Center donors
- Gruss & Wildflower Foundations
- RO1 AG 031804

Clinical Research Team
- Amyloid: Berk, Fu, Libbey
- Hematology: Seldin, Sanchorawala, Sloan, Renteria, Quillen
- Transplant & Clinical Trials: Sanchorawala, Finn, Shelton, Brauneis, Fennessey
- Apheresis Program: Quillen
- Pulmonary: Berk
- Cardiology: Ruberg, Meier-Ewert
- Renal: Stern, Havasi
- Neurology: Weisman

Laboratory Research Team
- Gerry Lab: Connors, Seldin, Spencer, Chan, Prokaeva, Klimtchuk, Greene, Koch, Sikora
- Amyloid Pathology: O’Hara, Cui, Lee, Henderson, Andry
- Transgenics, siRNA, miRNA: Seldin, Ward, Shibad, Weng
- MRI: Anderson, Hamilton, Ruberg
- Mass Spec: Costello, Zaia, Lu
- Imaging: Trinkaus-Randall, Ren
- Cardiac biomarkers: Connors, Sam
- Cardiac biology: Liao, Guan, Shen
Dr. Dyck working magic on Dr. Berk