**Table 1 of the supplementary data**

Principal investigators of the study and participating centers

|  |  |
| --- | --- |
| **Principal investigators** | **Hospital** |
| Pablo García-Pavía | Hospital Universitario Puerta de Hierro, Madrid |
| José Manuel García-Pinilla | Hospital Virgen de la Victoria, Málaga |
| Jorge Álvarez | Hospital Son Llàtzer, Palma de Mallorca |
| Javier Carrasco | Hospital Juan Ramón Jiménez, Huelva |
| Domingo Pascual-Figal | Hospital Clínico Universitario Virgen de la Arrixaca, Murcia |
| Gonzalo Barge-Caballero | Complejo Hospitalario Universitario de A Coruña, A Coruña |
| Javier López Díaz | Hospital Clínico Universitario de Valladolid, Valladolid |
| José González-Costello | Hospital Universitario de Bellvitge, L'Hospitalet de Llobregat |
| Javier Santesmases | Hospital Universitario Germans Trias i Pujol, Badalona |
| Julio Núñez-Villota | Hospital Clínico Universitario Valencia, Valencia |
| María Ángeles Espinosa | Hospital General Universitario Gregorio Marañón, Madrid |
| Miguel Ángel Aibar | Hospital Clínico Universitario Lozano Blesa, Zaragoza |
| Beatriz Díaz Molina | Hospital Universitario Central de Asturias, Oviedo |
| Antonio García-Quintana | Hospital Universitario de Gran Canaria Doctor Negrín, Las Palmas de Gran Canaria |
| Mª Victoria Mogollón | Hospital San Pedro Alcántara, Cáceres |
| Juan José Gavira-Gómez | Clínica Universidad de Navarra, Pamplona |
| Elena Sufrate | Hospital San Pedro de Logroño, Logroño |
| Francisco J. Medrano | Hospital Virgen del Rocío, Sevilla |
| Ainara Lozano-Baamonde | Hospital de Basurto, Bilbao |
| Alberto Gómez-Pérez | Hospital General Albacete, Albacete |

**Table 2 of the supplementary data**

Summary of studies evaluating the prevalence of ATTR-CA as a cause of heart failure

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Reference | Type of study | Patients, No. | Inclusion criteria | | | | ATTR-CA prevalence | Comments |
| LVH | HF | Age, y | Others |
| **García-Pavía P, et al. 2024**  **(present study)** | **Prospective**  **Multicenter** | **387** | **≥ 12mm** | **HFpEF** | **≥ 50** | **Ambulatory and hospitalized; prior HF hospitalization** | **16.8% (13.4% ATTRwt; 1.0% ATTRv; 2.3% untyped).**  **Increases with age.** | **From cardiology (64%), internal medicine (9%) or both (27%).**  **Mainly noninvasive diagnosis (99mTc-DPD/PYP/HMDP scintigraphy + hematologic test + genetic testing).**  **50% in NYHA I-II.** |
| Spaccavento A, et al.22 | Prospective  Single-center | 103 |  | Acute HF | ≥ 60 | Admitted patients | 15.5% | Mainly noninvasive diagnosis (99mTc-HDMP-SPECT + hematologic test + genetic testing). |
| **Tubben A, et al.23** | **Prospective**  **Multicenter** | **104** | **≥ 11mm** | **HFmrEF and HFpEF** |  | **Hospitalized patients** | **4.8% (all ATTRwt)**  **13.2% among HFpEF** | **Mainly noninvasive diagnosis (99mTc-HDP-SPECT-CT + hematologic test + genetic testing).**  **No ATTR-CA patient with NYHA I; 60% NYHA II.** |
| Ruiz-Hueso R, et al.18 | Prospective  Multicenter | 453 | > 12mm | HF | ≥ 65 | NYHA II-IV, diuretics 6 months.  Ambulatory & hospitalized | 16.8% (7.9% ATTRwt; 0.9% ATTRv; 7.9% untyped).  Increases with age. | Mainly noninvasive diagnosis (99mTc-DPD/PYP/HMDP scintigraphy-SPECT-CT + hematologic test + genetic testing).  Among all CA patients, 26.5%with HF < 50%.  Among all CA patients, 31% NYHA II-IV. |
| Goland S, et al.7 | Prospective  Single-center | 75 |  | HF (< 50%) |  | Outpatients | 9.3% (all ATTRwt).  Trend for higher prevalence of men. | Mainly noninvasive diagnosis (99mTc-PYP-SPECT + hematologic test + genetic testing).  No ATTR-CA patient with NYHA I; 15% NYHA II. |
| **Devesa A, et al.17** | **Prospective**  **Single-center** | **58** | **<12mm** | **HFpEF** | **≥ 18** | **Admitted patients** | **5.2% (all ATTRwt)** | **Mainly noninvasive diagnosis (99mTc-DPD-SPECT-CT + hematologic test + genetic testing).**  **33.3% of ATTR-CA in NYHA I; 66.6% in NYHA II.** |
| **AbouEzzeddine OF, et al.14** | **Prospective**  **Population-based cohort** | **1235**  **(286 screening cohort)** | **≥ 12mm** | **HFpEF**  **(> 40%)** | **≥ 60** | **Medical records** | **No screening cohort: 1.3%.**  **Screening cohort: 6.3% (~89% ATTRwt).**  **Increases with age.**  **Significantly higher in men.** | **Mainly noninvasive diagnosis (pyrophosphate scintigraphy-SPECT-CT + hematologic tests + genetic testing).** |
| Lindmark K, et al.12 | Prospective  Single-center | 174 | > 14 mm | HF |  | Patients with ICD-10 codes invited to participate | 14.4 %\* (all ATTRwt) | From cardiology and internal medicine.  \*48% diagnosed prior to study inclusion.  46% of ATTR-CA patients with EF < 50%.  Mainly noninvasive diagnosis (99mTc-DPD-SPECT-CT + hematologic test + genetic testing). |
| **Hahn VS, et al.13** | **Prospective**  **Single-center** | **108** |  | **HFpEF** |  | **Ambulatory patients** | **10.2% (6.5% ATTRwt; 3.7 ATTRv)** | **Endomyocardial biopsy.**  **No ATTR-CA patient with NYHA I; 33.6% NYHA II.** |
| López Sainz A, et al.24 | Retrospective  Single-center | 28 | ≥ 12mm | HF  (< 50%) |  | Medical records | 11% (all ATTRwt) | Mainly noninvasive diagnosis (99mTc-DPD + genetic testing).  No ATTR-CA patient with NYHA I; 96% NYHA III-IV. |
| **Bennani Smires Y, et al.15** | **Prospective**  **Single-center** | **49** |  | **HFpEF**  **(> 45%)** | **> 65** | **Ambulatory patients** | **18.4% (all ATTRwt)** | **Mainly noninvasive diagnosis (99mTc-DPD + genetic testing).**  **No ATTR-CA patient in NYHA I; 56% NYHA II.** |
| **González-López E, et al.16** | **Prospective**  **Single-center** | **120** | **≥ 12mm** | **HFpEF** | **≥ 60** | **NYHA II-IV**  **Admitted patients** | **13.3% (all ATTRwt)** | **From cardiology (53%) and internal medicine (47%).**  **Mainly noninvasive diagnosis (99mTc-DPD + genetic testing).** |
| **Mohammed SF, et al.25** | **Retrospective**  **Multicenter** | **109** |  | **HFpEF (> 40%)** |  | **Autopsy** | **17%\* (all ATTRwt)**  **Increases with age.**  **Significantly higher in men.** | **\*Prevalence of amyloid deposition in autopsy specimens. No mention on medical records of suspicion of CA.**  **No diagnosis in patients < 65 years.** |

ATTR, transthyretin amyloidosis; ATTR-CA, patients with confirmed diagnosis of ATTR-CA; ATTRv, hereditary transthyretin amyloidosis; ATTRwt, wild type transthyretin amyloidosis; CTS, carpal tunnel syndrome; CT, computed tomography; EF, ejection fraction; HF, heart failure; HFmrEF, heart failure with mid-range ejection fraction; HFpEF, heart failure with preserved ejection fraction; ICD-10, International Classification of Diseases, tenth revision; LVH, left ventricular hypertrophy; NYHA, New York Heart Association; SPECT, single-photon emission computed tomography.

In bold, studies with prevalence data in HFpEF population.

**Figure 1 of the supplemetary data**

Scenarios according to diagnostic tests results. Only data from patients with both scintigraphy and hematologic tests are shown. There were 33 patients without scintigraphy, 2 without hematologic tests, and 276 patients with Grade 0 without hematologic tests and are not presented. \*Includes grades 0 per local reading, as these scintigraphs were not centrally analyzed, and 4 positive scintigraphs at local reading that were reclassified. \*\*Includes grades 0 per local reading, as these scintigraphs were not centrally analyzed, and 2 positive scintigraphs at local reading that were reclassified.

Diagrama

Descripción generada automáticamente

Correcciones a la figura

Cambiar “N = “ a “n =”. Hecho.