# Correction to

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# Correction to: ASNC/AHA/ASE/EANM/HFSA/ISA/SCMR/SNMMI Expert consensus recommendations for multimodality imaging in cardiac amyloidosis: Part 2 of 2—Diagnostic criteria and appropriate utilization

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- In the **Introduction** SCMR was listed incorrectly. SCMR is the Society for Cardiovascular Magnetic Resonance.
- **Table 1.** Criteria for Diagnosis, 'Clinical Diagnosis of ATTR…,' number should begin with ''1.''
- **Table 2.** Erroneously printed without Clinical scenario 7. 'Prior testing suggestive of cardiac amyloidosis.' Please see revised Table 2.

**Table 2.** Appropriate utilization rating of multimodality imaging for the assessment of cardiac amyloidosis

| Clinical scenarios | Echo -AUC Category (median score) | CMR -AUC Category (median score) | $^{99m}$Tc-PYP/DPD/HMDP -AUC Category (median score) |
|---|---|---|---|
| **1. Identifying cardiac involvement: No cardiac symptoms** | | | |
| 1.1 Asymptomatic *TTR* gene carrier, initial evaluation | A (7) | M (6) | A (8) |
| 1.2 Asymptomatic *TTR* gene carrier, recurrent testing | A (7) | M (6) | A (7.5) |
| 1.3 Biopsy-proven systemic AL amyloidosis: NT-proBNP age-adjusted abnormal or troponin abnormal | A (9) | A (7) | R (1) |
| 1.4 MGUS with abnormal FLC levels: NT-proBNP age-adjusted abnormal or troponin abnormal | A (8) | A (7) | R (2) |
| **2. Screening for cardiac amyloidosis: New symptomatic heart failure** | | | |
| 2.1 Individuals of any age with elevated FLC levels | A (9) | A (8) | R (2.5) |
| 2.2 African-Americans age >60 years with unexplained heart failure | A (9) | A (8) | A (8) |
| 2.3 African-Americans age >60 years with unexplained increased LV wall thickness | A (9) | A (8) | A (9) |
| 2.4 Non-African-Americans age >60 years with unexplained heart failure and increased LV wall thickness | A (9) | A (8) | A (8) |
| 2.5 Individuals >60 years with low-flow low-gradient aortic stenosis** | NA | A (8) | A (7) |
| 2.6 Individuals with heart failure and unexplained peripheral sensorimotor neuropathy | A (8) | A (8) | A (8) |
| 2.7 Individuals with known or suspected familial amyloidosis | A (8) | A (8) | A (8) |
| 2.8 Individuals with monoclonal gammopathy, including multiple myeloma | A (8) | A (8) | R (2) |
| **3. Evaluation of biopsy-proven AL cardiac amyloidosis** | | | |
| 3.1 Quantify cardiac amyloid burden | A (7) | A (9) | R (1) |
| 3.2 Assess cardiac response to therapy/disease progression in AL cardiac amyloidosis every 6 months* | M (5) † | R (3) | R (1) |
| 3.3 Assess cardiac response to therapy/disease progression in AL cardiac amyloidosis every 12 months* | M (5) | M (6) | R (1) |

**Table 2.** continued

| | | | |
|---|---|---|---|
| 3.4 Assess cardiac response to therapy/disease progression in AL cardiac amyloidosis every 24 months* | A (7) | A (8) | R (1) |
| 3.5 Guide eligibility for stem cell transplant in systemic AL amyloidosis | A (8) | M (5) | R (1) |
| **4. Evaluation of biopsy-proven ATTR cardiac amyloidosis** | | | |
| 4.1 Quantify amyloid burden | A (8) | A (9) | R (2) |
| 4.2 Assess cardiac response to therapy/disease progression in ATTR cardiac amyloidosis every 6 months* | M (4) † | R (2) | R (2) |
| 4.3 Assess cardiac response to therapy/disease progression in ATTR cardiac amyloidosis every 12 months* | A (7) | M (5) | R (2.5) |
| 4.4 Assess cardiac response to therapy/disease progression in ATTR cardiac amyloidosis every 24 months* | A (8) | A (8) | R (3) |
| 4.5 Contraindication to CMR (intracardiac devices or renal insufficiency) | A (8) | NA | R (3) |
| **5. Follow-up testing: New or worsening cardiac symptoms** | | | |
| 5.1 *TTR* gene carrier | A (8) | A (7) | A (8) |
| 5.2 AL amyloidosis | A (8) | A (7) | R (1) |
| 5.3 ATTR amyloidosis | A (8) | A (7) | A (7.5) |
| **6. Other clinical conditions associated with amyloidosis** | | | |
| 6.1 Individuals >60 years with unexplained bilateral carpal tunnel syndrome | A (7) | M (5) † | M (6.5) † |
| 6.2 Individuals with unexplained bilateral carpal tunnel syndrome and elevated FLC levels | A (7) | M (5) | M (5.5) |
| 6.3 Individuals >60 years with heart failure and unexplained biceps tendon rupture | A (7) | M (5) | M (6) |
| 6.4 Adults, especially elderly men, with unexplained neuropathy, other arrhythmias in the absence of usual risk factors and no signs/symptoms of heart failure | A (7) | M (5) | M (6) |

**Table 2.** continued

| | | | |
|---|---|---|---|
| **7. Prior testing suggestive of cardiac amyloidosis** | | | |
| 7.1 Suggestive echo | NA | A (7) | M (6) |
| 7.2 Suggestive CMR | A (8) | NA | M (6) |
| 7.3 Suggestive bone scintigraphy | A (8) | A (7.5) | NA |

*A*, appropriate; *AL*, amyloidogenic light chain; *ATTR*, amyloidogenic transthyretin; *bone scintigraphy*, $^{99m}$Tc pyrophosphate (PYP), $^{99m}$Tc-3,3-diphosphono-1,2-propanodicarboxylic acid (DPD), $^{99m}$Tc-hydroxymethylene diphosphonate (HMDP); *CMR*, cardiac magnetic resonance; *Echo*, echocardiography; *LV*, left ventricular; *MGUS*, Monoclonal gammopathy of uncertain significance; *M*, maybe appropriate; *NA*, not assessed; *NT-pro BNP*, N-terminal pro-brain natriuretic peptide; *R*, rarely appropriate.
*Time interval may vary based on the clinical status of the patient and local clinical practice.
**Although most patients with cardiac amyloidosis will have preserved LV ejection fraction or "paradoxical" low-flow, low-gradient AS, LV ejection fraction may be reduced or mid-range in some cases.
†Indicates lack of consensus for rating among experts.

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- **Reference 8.** This article is now published. The citation is:
  Knight DS, Zumbo G, Barcella W, Steeden JA, Muthurangu V, Martinez-Naharro A, et al. Cardiac structural and functional consequences of amyloid deposition by cardiac magnetic resonance and echocardiography and their prognostic roles. *JACC Cardiovasc Imaging* 2019;12(5):823-33.
- **Reference 22.** updated:
  Rowczenio D, Wechalekar. A Mutations in Hereditary Amyloidosis. 2015. Available at http://amyloidosismutations.com/mut-attr.php