
mSMART

**Mayo Consensus on AL Amyloidosis:
Diagnosis and Treatment**

AL Amyloidosis

- **The diagnosis of systemic amyloidosis requires the presence of all of the following:**
 - **Presence of amyloid-related systemic syndrome (such as renal, liver, heart, gastrointestinal tract or peripheral nerve involvement)**
 - **Positive amyloid staining by Congo Red or EM in any tissue**
 - **Clear evidence that amyloid is light chain related by direct sub-typing of amyloid deposits (Mass spectroscopy is standard approach at our institution)**
 - **Evidence of a monoclonal plasma cell proliferative disorder (any or all of the following: serum or urine M protein, abnormal free light chain ratio or clonal plasma cells in bone marrow)**
- **Localized forms of amyloidosis (such as tracheobronchial, genitourinary, isolated carpal tunnel and nonpurpuric cutaneous lesions) do not require systemic therapy**
- **The recommendations presented herein are a general approach. However, clinical trials must be considered and are preferred at every level.**

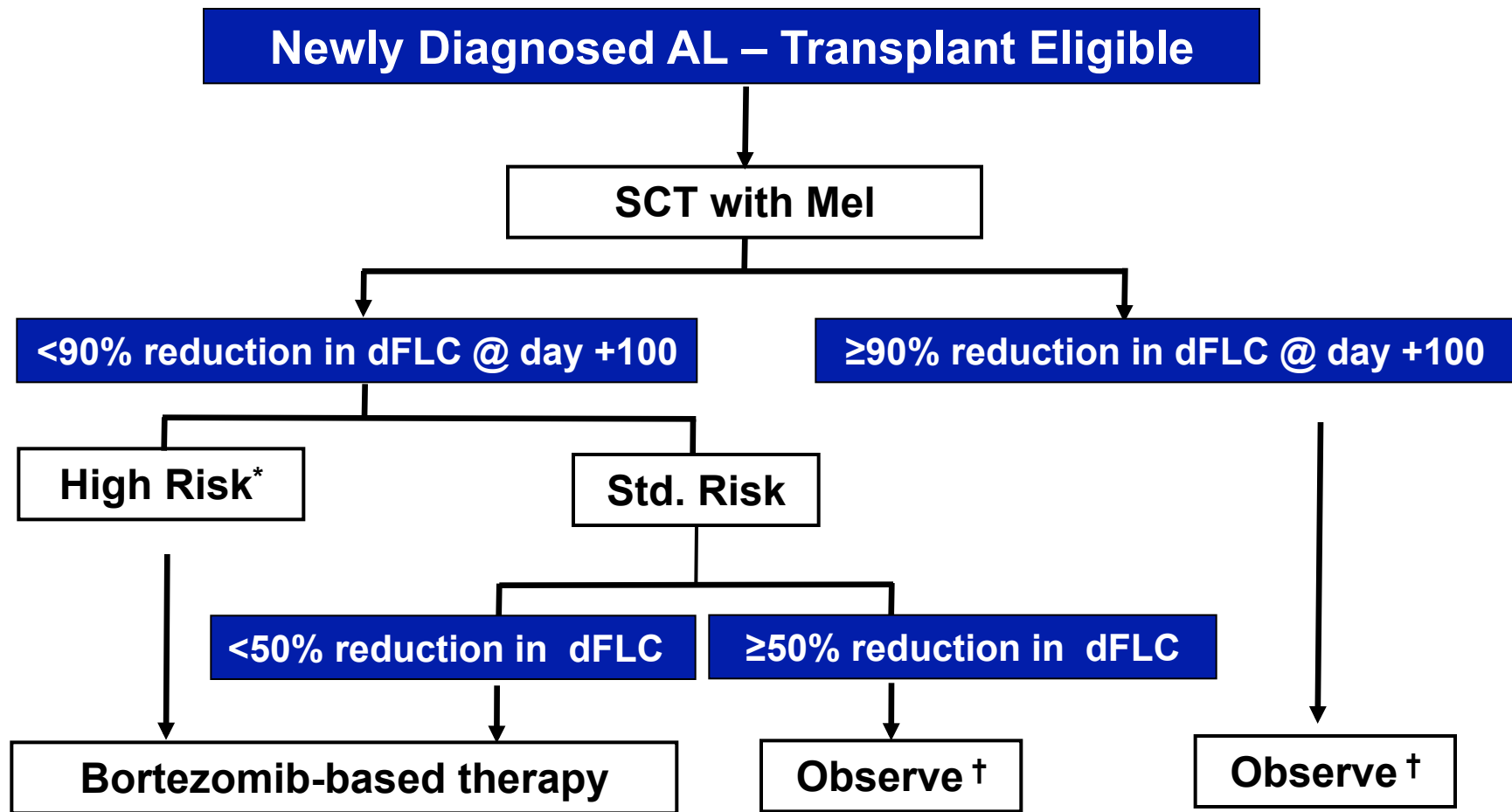
Treatment of AL

Transplant Eligibility Criteria

- “Physiologic” Age ≤ 70 years
- Performance Score ≤ 2
- TnT < 0.06 ng/ml
- CrCl ≥ 30 ml/min *
(unless on chronic dialysis)
- NYHA Class I/II*
- No more than 2 organs significantly involved
(liver, heart, kidney or autonomic nerve)

* Selected patients may become eligible for PBSCT with cardiac and renal transplantation

Treatment of AL – off-study



*High Risk = Mayo Stage III (cTnT >0.035 µg/L and NT-proBNP >332 ng/L)

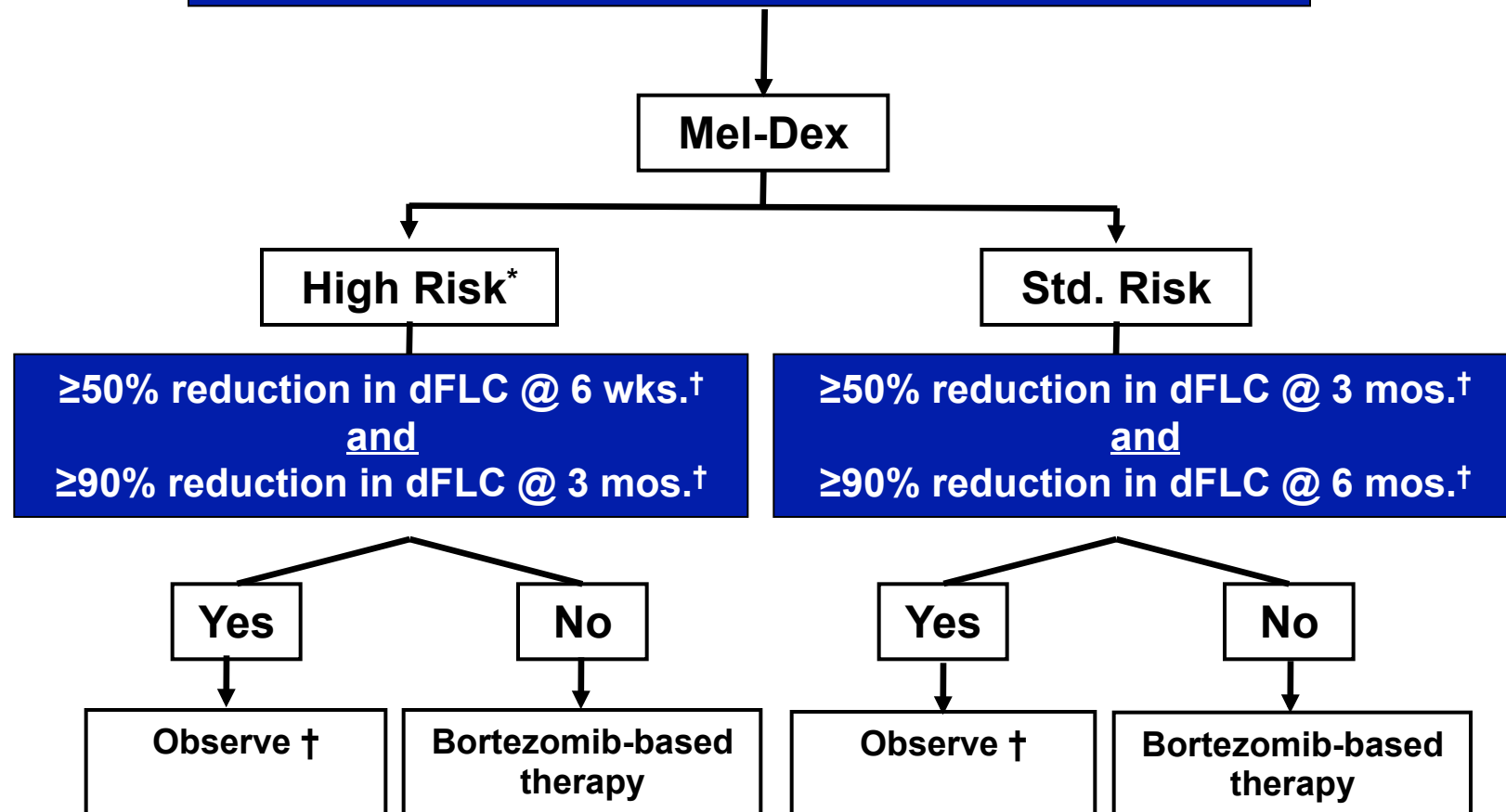
† Start alternate therapy if organ progression at any time

dFLC= difference between involved and uninvolved serum free light chain levels

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Treatment of AL – off-study

Newly Diagnosed AL – Transplant Ineligible



*High Risk = Mayo Stage III (cTnT >0.035 µg/L and NT-proBNP >332 ng/L)

† Start alternate therapy if organ progression at any time

dFLC= difference between involved and uninvolved serum free light chain levels

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Treatment of AL – off study

Relapsed/ Refractory AL Amyloidosis

Vd, CyBorD, Mel-Dex, MBD
or MPR