Durable Survival Benefits of Acoramidis Over 54 Months in Variant Transthyretin Amyloid Cardiomyopathy (ATTR-CM), Including p.Val142Ile

Findings From ATTRibute-CM and Its Open-Label Extension

Frederick L. Ruberg, Olakunle Akinboboye, Margot K. Davis, Sarah A.M. Cuddy, Keyur Shah, Michel G. Khouri, Daniel P. Judge, Justin L. Grodin, Chris Chen, Adam Castaño, Jean-François Tamby, Jonathan C. Fox, Marianna Fontana, Julian D. Gillmore, and **Kevin M. Alexander**

Presenter: Kevin M. Alexander, MD
Department of Medicine, Division of Cardiovascular Medicine, Stanford University School of Medicine, Stanford, CA, USA

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There Is an Increased Risk of Mortality in p.Val142Ile-Associated ATTRv-CM[1]

- Patients with ATTRv-CM frequently present at a **younger age** and experience **more rapid disease progression** and **worse outcomes** than those with ATTRwt-CM[2–4]
- About two-thirds of untreated patients with the **p.Val142Ile variant** die within 42 months of diagnosis[1]

- **Acoramidis** is an approved oral treatment for ATTR-CM that can achieve near-complete (≥ 90%) TTR stabilization[5,6]
- Continuous acoramidis treatment **reduced the risk** of all-cause mortality through Month 42 **by 59%** versus delayed initiation of acoramidis in ATTRv-CM, with consistent benefits across p.Val142Ile and non-p.Val142Ile subgroups[3,a]

- The **durability of the mortality benefit** and **long-term safety** beyond Month 42, and the **long-term effects on circulating biomarkers of disease progression** and **quality of life** in both variant subgroups have not been previously reported

- First report of **Month 54 mortality outcomes** in **variant** subgroups, including **p.Val142Ile**
- First characterization of **biomarker trajectories and quality of life** through **Month 54** in **variant** subgroups

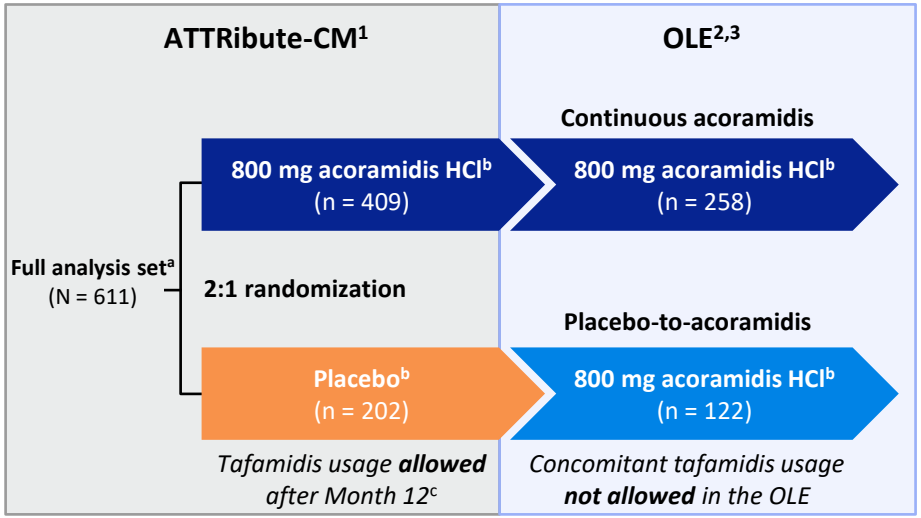
[a]ClinicalTrials.gov identifiers: ATTRibute-CM, NCT03860935; OLE, NCT04988386.

ATTR-CM, transthyretin amyloid cardiomyopathy; ATTRv-CM, variant transthyretin amyloid cardiomyopathy; ATTRwt-CM, wild-type transthyretin amyloid cardiomyopathy; TTR, transthyretin.

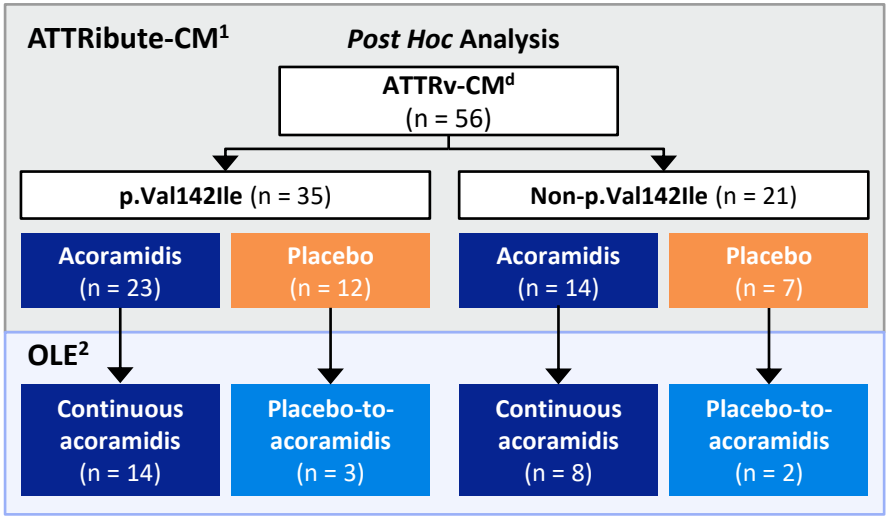
1. Razvi Y, et al. *Eur J Heart Fail*. 2024;26(2):383-393. **2.** Lane T, et al. *Circulation*. 2019;140(1):16-26. **3.** Alexander KM, et al. *JAMA Cardiol*. 2026;11(1):57-67. **4.** Rapezzi C, et al. *JACC Heart Failure*. 2021;9(2):115-123. **5.** BridgeBio Pharma, Inc. Prescribing Information, Attruby (acoramidis). FDA, 2024. Accessed 7 August 2026. www.accessdata.fda.gov/drugsatfda_docs/label/2024/216540s000lbl.pdf. **6.** Judge DP, et al. *J Am Coll Cardiol*. 2019;74(3):285-295.

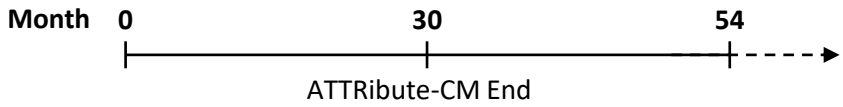
ATTRv-CM in ATTRibute-CM and its OLE

Study Design



ATTRv-CM





Outcomes

- All-cause mortality (ACM), cardiovascular mortality (CVM) at Month 54[e]
- Changes from baseline through Month 54 in serum TTR (sTTR), NT-proBNP, and KCCQ-OS score[f]
- Data were summarized descriptively

[a]The full analysis set consisted of all randomized participants who received at least one dose of acoramidis or placebo, had at least one post-baseline efficacy evaluation, and had a baseline eGFR ≥ 30 mL/min/1.73 m^2. [b]Twice daily. [c]At the investigator's discretion. [d]TTR variants as reported in the clinical database/electronic data capture. [e]ACM was defined as death from any cause, receipt of a heart transplant, or receipt of an implanted CMAD. CVM was defined as death adjudicated as cardiovascular or of undetermined cause, receipt of a heart transplant, or receipt of an implanted CMAD. [f]Data are from the OLE full analysis set, which included participants who enrolled in the OLE and received at least one dose of open-label acoramidis.
ATTRv-CM, variant transthyretin amyloid cardiomyopathy; CMAD, cardiac mechanical assist device; eGFR, estimated glomerular filtration rate; KCCQ-OS, Kansas City Cardiomyopathy Questionnaire-Overall Summary; OLE, open-label extension; NT-proBNP, N-terminal pro-B-type natriuretic peptide; TTR, transthyretin.

1. Gillmore JD, et al. *N Engl J Med*. 2024;390(2):132-142. **2.** Judge DP, et al. *Circulation*. 2025;151(9):601-611. **3.** Soman P, et al. *JAMA Cardiol*. 2026;11(5):446-454.

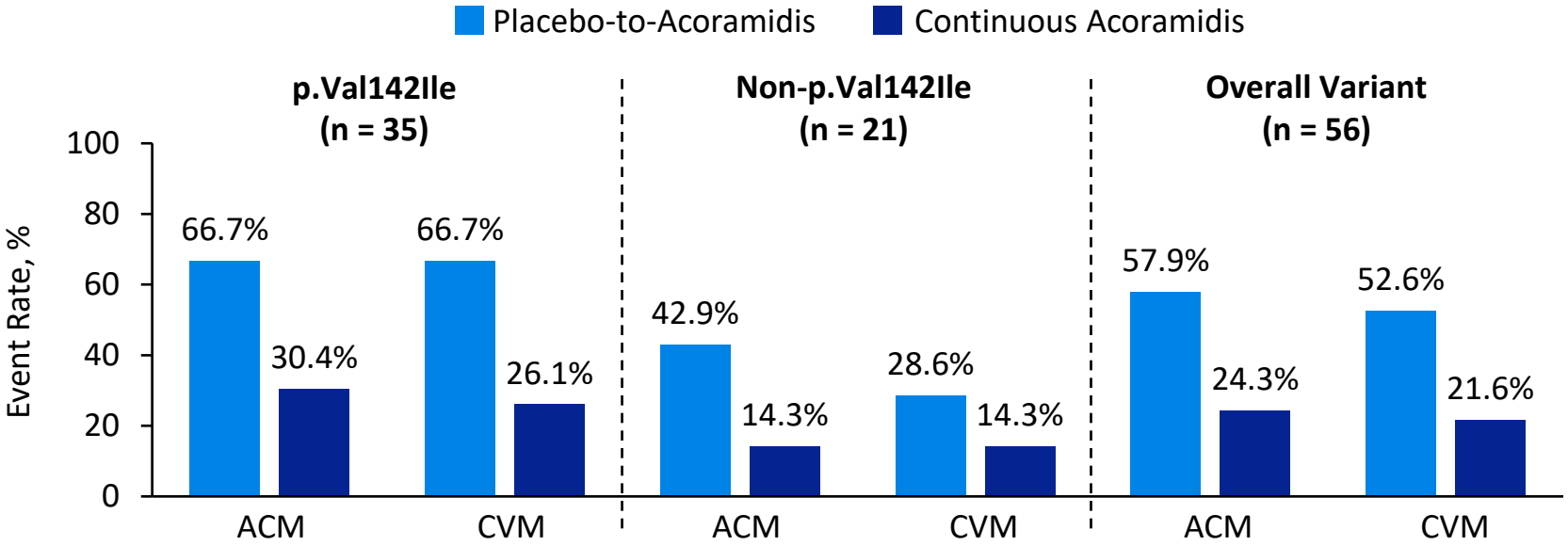
Demographics and Characteristics of Variant Subgroups Among Continuous Acoramidis Recipients at the Time of OLE Entry

Demographic/Characteristic at OLE Entry	p.Val142Ile (n = 14)	Non-p.Val142Ile (n = 8)	Overall Variant (n = 22)
Age, years, median (min, max)	77.1 (60.0, 83.7)	75.5 (60.0, 86.0)	76.3 (60.0, 86.0)
Sex, male, n (%)	14 (100.0)	6 (75.0)	20 (90.9)
Race, n (%)[a]			
Black or African American	9 (64.3)	1 (12.5)	10 (45.5)
White	2 (14.3)	7 (87.5)	9 (40.9)
Other	3 (21.4)	0 (0)	3 (13.6)
NYHA class, n (%)			
I	2 (14.3)	3 (37.5)	5 (22.7)
II	9 (64.3)	4 (50.0)	13 (59.1)
III	3 (21.4)	1 (12.5)	4 (18.2)
sTTR, mg/dL, mean (SE)	33.7 (1.8)	32.5 (2.2)	33.3 (1.4)
NT-proBNP, pg/mL, median (Q1, Q3)	2079 (1358, 3121)	2071 (706, 2576)	2079 (940, 2766)
KCCQ-OS score, mean (SE)	68.3 (4.8)	87.8 (3.9)	75.4 (3.9)
eGFR, mL/min/1.73 m^2, mean (SD)	54.9 (18.9)	66.6 (34.9)	59.1 (25.7)

- Race distribution, KCCQ-OS scores, and eGFR differed between variant subgroups
- Concomitant tafamidis use during ATTRibute-CM: 1/22 (4.5%, p.Val142Ile)

Data are from the OLE full analysis set, which included participants who enrolled in the OLE and received at least one dose of open-label acoramidis. Demographics and characteristics are not shown for placebo-to-acoramidis participants due to the small number of participants in this group (n = 5). [a]Other racial groups included American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, other, multiple races, and not reported.
eGFR, estimated glomerular filtration rate; KCCQ-OS, Kansas City Cardiomyopathy Questionnaire-Overall Summary; OLE, open-label extension; NT-proBNP, N-terminal pro-B-type natriuretic peptide; NYHA, New York Heart Association; Q, quartile; SD, standard deviation; SE, standard error; sTTR, serum transthyretin.

ACM and CVM Were Markedly Lower With Continuous Acoramidis From Baseline Through Month 54 Across Variant Subgroups

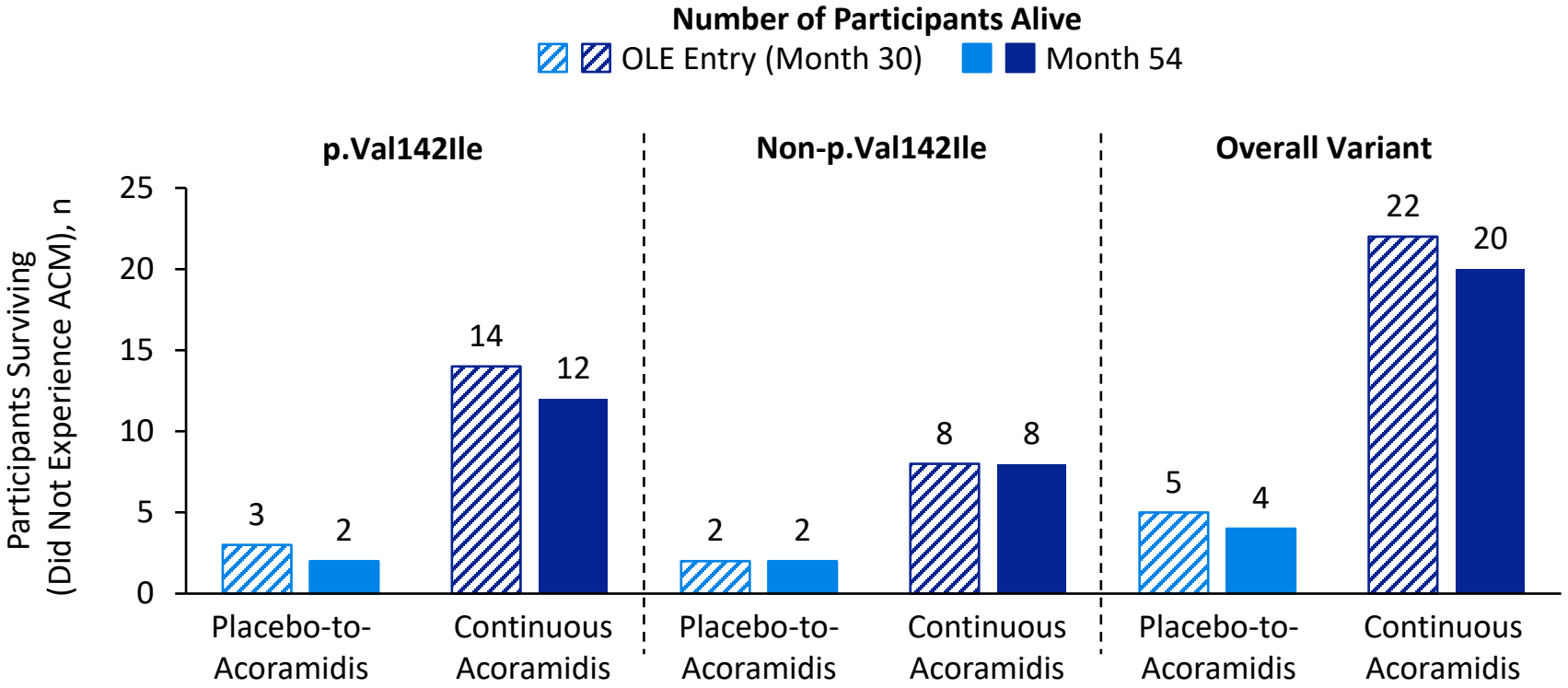


High mortality rates (66.7%) in the p.Val142Ile subgroup who received placebo in ATTRibute-CM underscore substantial unmet medical need

Data are from the full analysis set, which consisted of all randomized participants who received at least one dose of acoramidis or placebo, had at least one post-baseline efficacy evaluation, and had a baseline eGFR ≥ 30 mL/min/1.73 m^2. ACM was defined as death from any cause, receipt of a heart transplant, or receipt of an implanted CMAD. CVM was defined as death adjudicated as cardiovascular or of undetermined cause, receipt of a heart transplant, or receipt of an implanted CMAD.

ACM, all-cause mortality; CMAD, cardiac mechanical assist device; CVM, cardiovascular mortality; eGFR, estimated glomerular filtration rate.

Few ACM Events (3/27) Occurred Over the 24 Months of OLE Across Variant Subgroups



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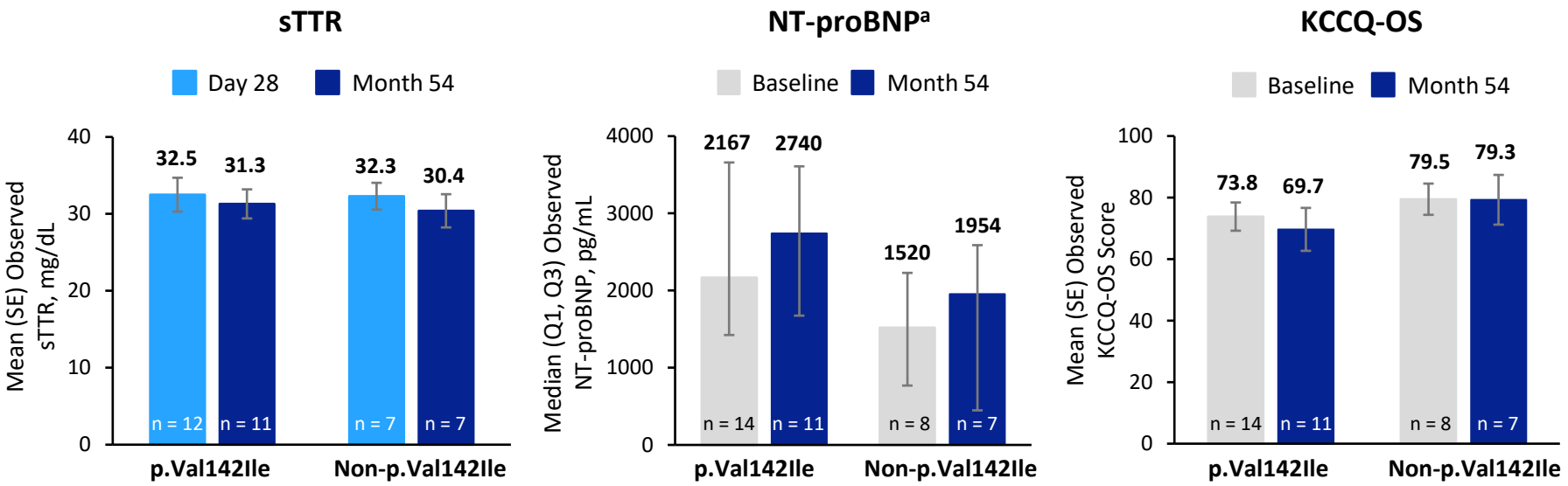
ACM, all-cause mortality; CMAD, cardiac mechanical assist device; OLE, open-label extension.

Continuous Acoramidis Treatment Through Month 54 Led to Sustained Increases in sTTR and Stabilization of NT-proBNP Levels and KCCQ-OS Scores Across Variant Subgroups



Continuous acoramidis treatment was **well tolerated** through Month 54, with **no new safety signals** in the p.Val142Ile or non-p.Val142Ile subgroup

Data are from the OLE full analysis set, which included participants who enrolled in the OLE and received at least one dose of open-label acoramidis. Data are not shown for placebo-to-acoramidis participants due to the small number of participants in this group (n = 5). [a]In ATTRibute-CM, a ~4-fold AGM increase in NT-proBNP was observed over 30 months in participants with ATTRv-CM receiving placebo; this increase was significantly attenuated in participants receiving acoramidis ($p < 0.001$).[1]
AGM, adjusted geometric mean; ATTRv-CM, variant transthyretin amyloid cardiomyopathy; KCCQ-OS, Kansas City Cardiomyopathy Questionnaire-Overall Summary; NT-proBNP, N-terminal pro-B-type natriuretic peptide; OLE, open-label extension; Q, quartile; SE, standard error; sTTR, serum transthyretin.

1. Alexander KM, et al. *JAMA Cardiol*. 2026;11(1):57-67.

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Research Letter

Long-term effects of acoramidis on mortality in variant transthyretin amyloid cardiomyopathy, including p.Val142Ile: findings from the open-label extension of ATTRibute-CM

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