**Supplemental Material**

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Effect of timely availability of TTR-stabilizing therapy on diagnosis, therapy, and clinical outcomes in ATTR-CM

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**Supplemental Material**

**Supplementary Table 1. Associations of clinical characteristics at the time of diagnosis to the combined endpoint by Cox regression**

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|  | **Univariate associations** | **Multivariate model** |
|   | **Hazard ratio (95%CI)** | **p value** | **Hazard ratio (95%CI)** | **p value** |
| **Patient characteristics** |   |   |   |   |
|  Gender (female vs. male)  | 2.187 (95% CI 0.667 to 7.167) | 0.20 |   |   |
|  Age [years]  | 1.048 (95% CI 0.987 to 1.113) | 0.12 |   |   |
|  NHYA-class (III or IV vs. I or II) | 1.454 (95% CI 0.676 to 3.125) | 0.34 |   |   |
| **Biomarkers** |   |   |   |   |
|  Creatinine [mmol/l]  | 1.011 (95% CI 1.002 to 1.020) | **0.015** |   |   |
|  eGFR [ml/min]  | 0.970 (95% CI 0.950 to 0.990) | **0.004** | 0.989 (95% CI 0.963 to 1.016) | 0.42 |
|  NTproBNP [Log pg/ml] | 5.64 (95% CI 2.087 to 15.23) | **0.001** | 6.47 (95% CI 1.818 to 23.03) | **0.004** |
|  hs-Troponin T [ng/l] *mean ± SD* | 1.007 (95% CI 0.999 to 1.016) | 0.07 |   |   |
| **Echocardiography** |   |   |   |   |
|  LVEF [%] | 0.979 (95% CI 0.949 to 1.010) | 0.18 |   |   |
|  LV GLS [%] | 1.023 (95% CI 0.953 to 1.098) | 0.53 |   |   |
|  LV Mass Index [g/m2] | 1.000 (95% CI 0.992 to 1.007) | 0.93 |   |   |
|  RV DTI S-Wave Velocity [cm/s] | 0.945 (95% CI 0.815 to 1.096) | 0.45 |   |   |
|  TAPSE [mm] | 1.001 (95% CI 0.925 to 1.083) | 0.99 |   |   |
|  LAVi [ml/m2] | 1.012 (95% CI 0.978 to 1.048) | 0.50 |   |   |
| **Timing** [months] |   |   |   |   |
|  First presentation to diagnosis | 1.013 (95% CI 1.006 to 1.020) | **<0.001** | 1.014 (95% CI 1.005 to 1.023) | **0.002** |
|  Diagnosis to therapy | 1.050 (95% CI 0.983 to 1.012) | 0.19 |   |   |
|  First presentation to therapy | 1.009 (95% CI 0.997 to 1.021) | 0.15 |   |   |
| **CU vs. IA** | 1.972 (95% CI 0.998 to 3.896) | 0.051 |   |   |

**Supplemental figure 1. Kaplan Meier estimates for all-cause mortality and time-to-first HFH since the time of diagnosis stratified by the availability of tafamidis [compassionate use (CU) vs. insurance access (IA)].**

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**Supplemental figure 2. Kaplan Meier estimates for first MACE (A), all-cause mortality (B) and HFH (C) stratified by tafamidis therapy.**

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**Supplemental figure 3. Kaplan Meier estimates for first MACE (A), all-cause mortality (B) and HFH (C) from the time of ATTR-CM diagnosis for patients treated with tafamidis stratified by the time from first presentation to diagnosis (<12months vs. >12 months).**

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*Hazard ratios were adjusted for variables with univariate association to the combined endpoint (i.e. eGFR and NT-proBNP).*

**Supplemental figure 4. Cumulative incidence function for repeat HFH from the time of ATTR-CM diagnosis for patients treated with tafamidis stratified by the time from first presentation to diagnosis (<12months vs. >12 months).**

 

**Supplemental figure 5. Kaplan Meier estimates for first MACE (A), all-cause mortality (B) and HFH (C) from the time of ATTR-CM diagnosis for patients with and without a history of or concomitant atrial fibrillation at the time of ATTR-CM diagnosis.**



**Supplemental figure 6. Cumulative incidence function for repeat HFH from the time of ATTR-CM diagnosis for patients with and without a history of or concomitant atrial fibrillation at the time of ATTR-CM diagnosis.**

