## AL Amyloidosis

Raymond L Comenzo, MD
Professor of Medicine
Tufts University School of Medicine

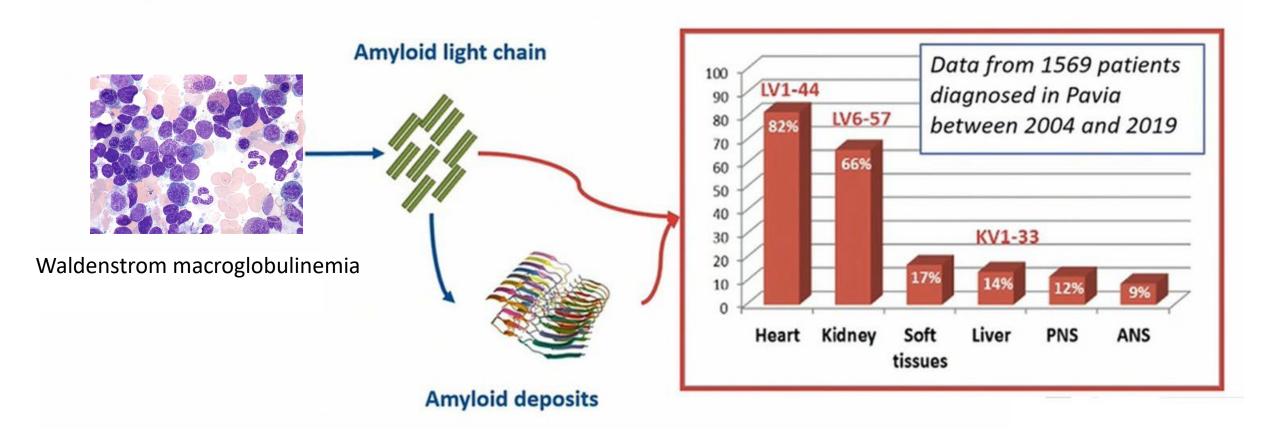


## Disclosures

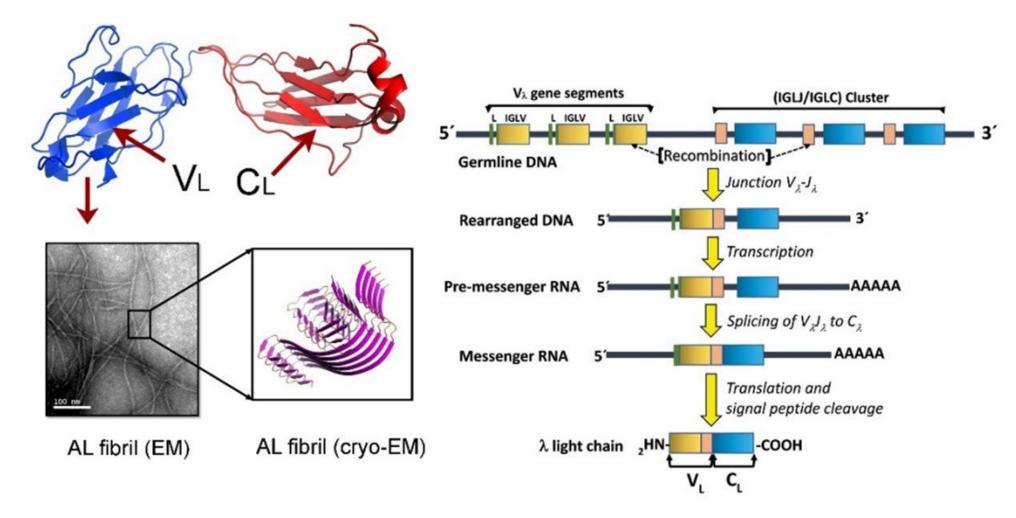
- Research Funding
  - NIH
  - Janssen
  - Lloyd Foundation
  - Sidewater Family Fund
  - MacKenzie's Mission
  - Myeloma and Amyloid Research Fund
  - Alexion

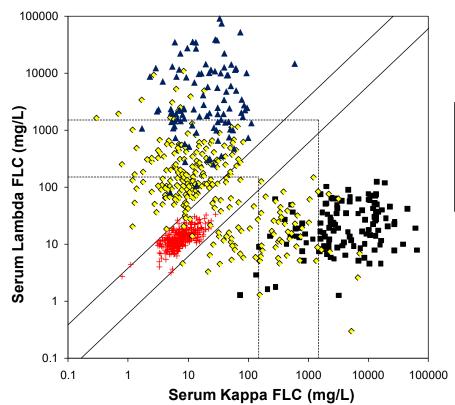
- Consultant/Advisor
  - Caelum
  - Janssen
  - Sanofi

## Light-chain Amyloidosis (AL)



## Light-chain Amyloidosis (AL)

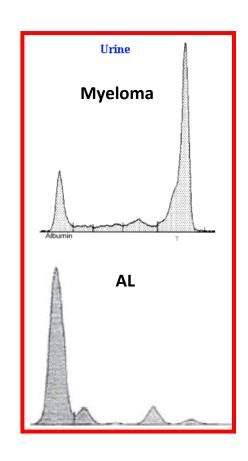




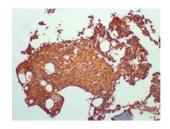
- + Normal Sera
- Kappa LCMM
- AL Amyloid
- ▲ Lambda LCMM

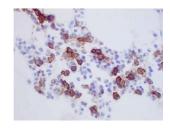
Involved Free Light Chain (*iFLC*)

iFLC minus uninvolved FLC (*dFLC*)



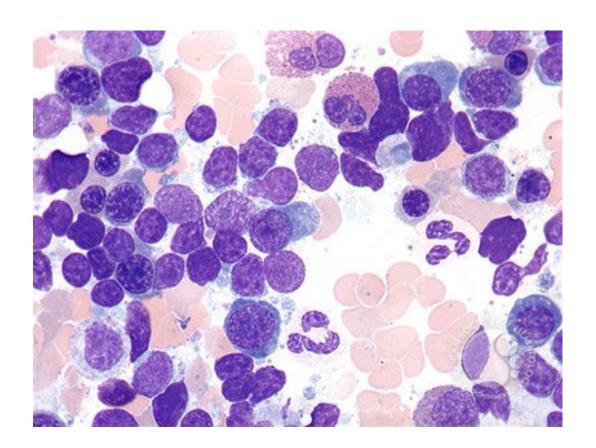
	<u>MM (%)</u>	<u>AL (%)</u>
t(11;14)	21	59
gain 1q	10	23
t(4:14)	14	3
del 13q	48	30
del 17p	11	2



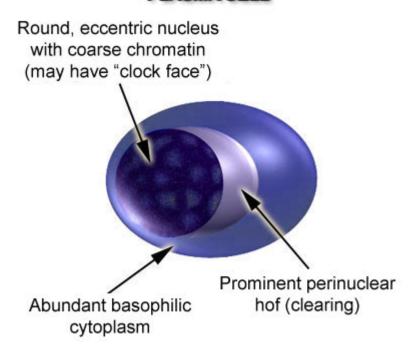


**Br J Haematol 2003;122:78** 

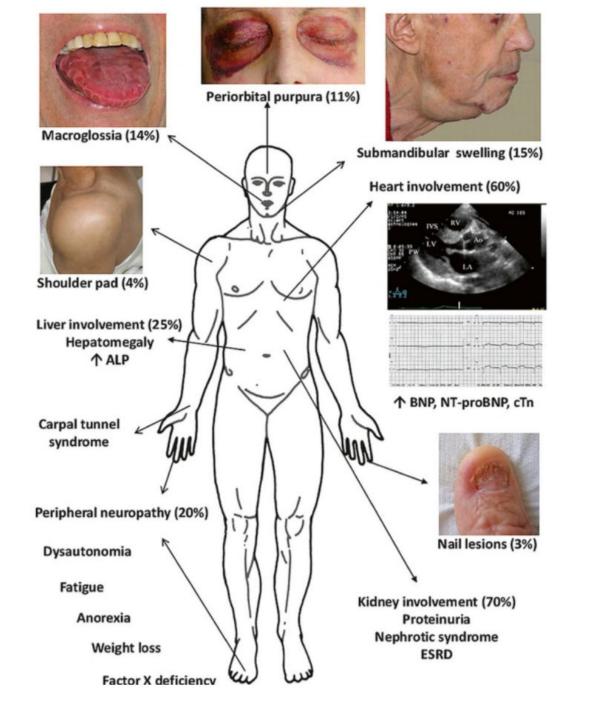
Blood 2007;109:3489 Blood 2008;111:4700 Amyloid 2014; 21: 9

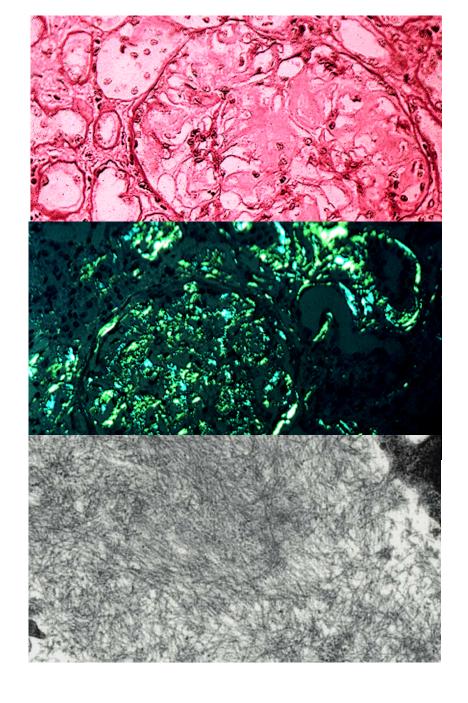


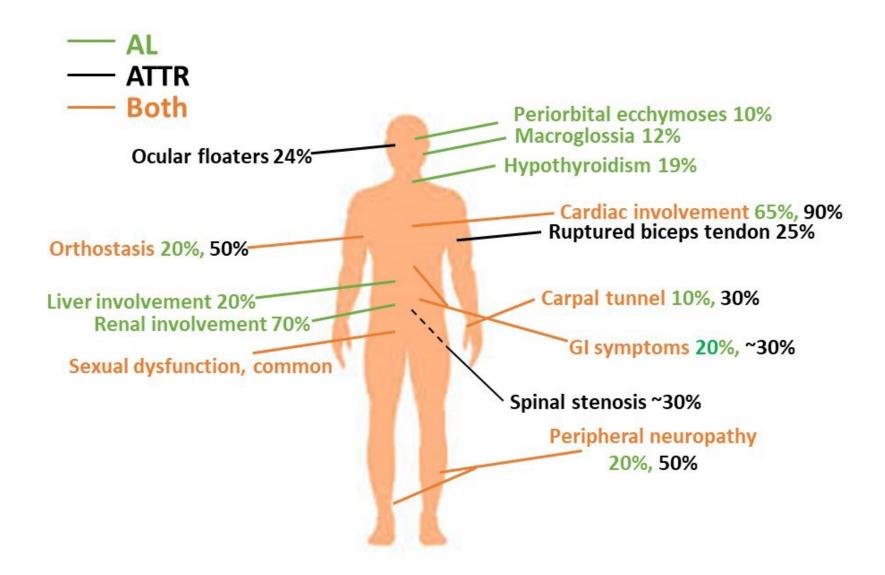
#### PLASMACELL

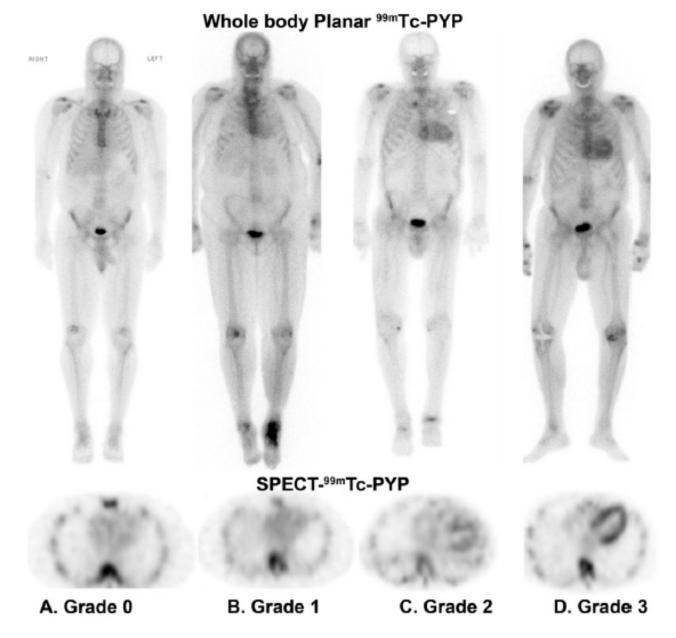


Rashidi H MD, Nguyen J MD et al. HematologyOutlines.com





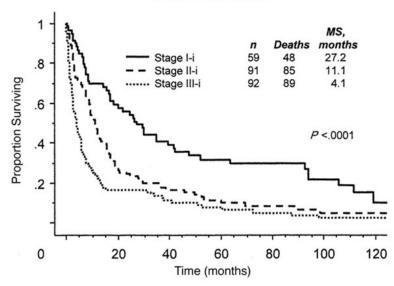




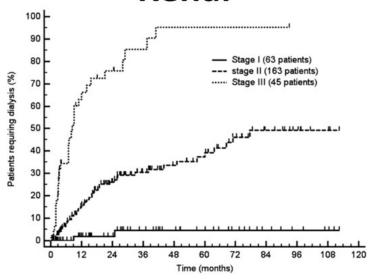
Blood Rev. 2021 Jan;45:100720. doi: 10.1016/j.blre.2020.100720. Epub 2020 Jun 23

## Systemic AL: Staging

#### **Cardiac**



Renal



JCO 2004;22:3751

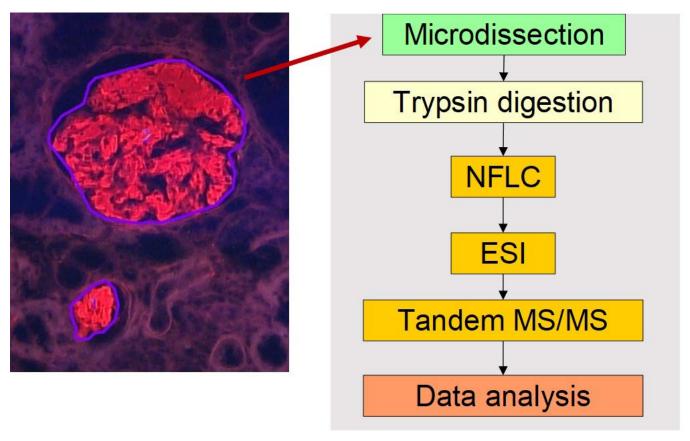
One point for each if FLC-diff > 180 mg/L cTnT > 0.025 ng/mL NT-proBNP > 1,800 pg/mL,

Score	Stage	% (N)	Overall survival (months)
0	1	25 (189)	94.1
1	Ш	27 (206)	40.3
2	III	25 (186)	14
3	IV	23 (177)	5.8

Blood 2014;124:2325

JCO 2012;30:989-995

# Laser Microdissection and Mass Spec



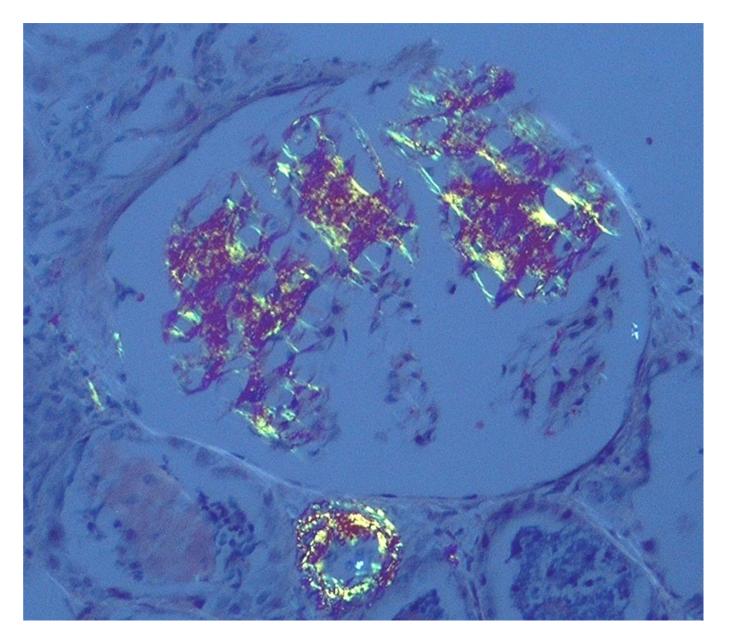
NFLC=nano flow liquid chromatography ESI=electrospray ionization

**Courtesy of Ahmet Dogan, MD** 

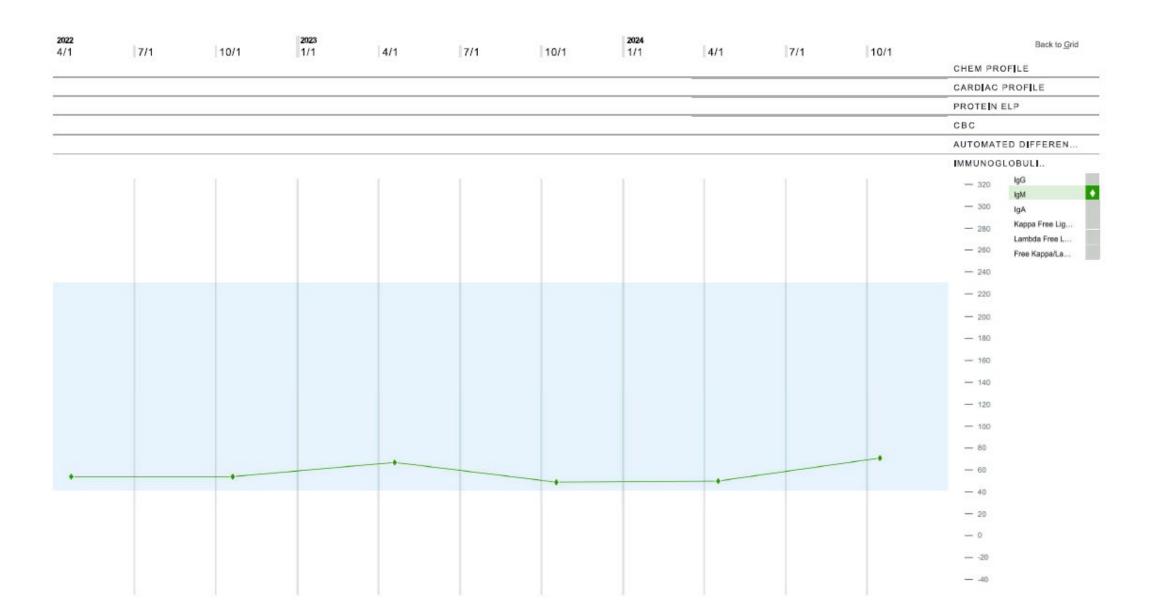
#	Visible?	Probability Legend:	Molecular Weight	Neg. control	Sample 1	Sample 2	Sample 3	Sample 4
1	✓	Apolipoprotein E precursor - Hom APOE_HUM	36 kDa		42	41	12	24
2	V	Actin, cytoplasmic 1 - Homo sapie ACTB_HUM	42 kDa		40	34	13	22
3	V	😭 Yimentin - Homo sapiens (Human YIME_HUM	54 kDa		24	19	- 7	13
4	✓	😭 Hemoglobin subunit beta - Homo HBB_HUMAN	16 kDa		19	18	8	15
5	굣	😭 Yitronectin precursor - Homo sapiYTNC_HUM	54 kDa		17	16	9	10
6		🖙 Apolipoprotein B-100 precursor APOB_HUM	516 kDa		31	10	1	
7	✓	🏫 Ig lambda chain C regions - Homo LAC_HUMAN	11 kDa		14	17	4	7
8		🖙 Hemoglobin subunit alpha - HomoHBA_HUMAN	15 kDa		10	11	3	10
9	굣	🏫 Ig lambda chain Y-I region YOR LY101_HU	12 kDa		2	4	0	3
10		😭 Serum albumin precursor - HomoALBU_HUM	69 kDa		8	9	6	6
11	✓	🖒 Clusterin precursor - Homo sapie CLUS_HUM	52 kDa		8	9	4	5
12	✓	🖒 Serum amyloid P-component pre SAMP_HUM	25 kDa		10	6	1	3

## 55 year-old man with proteinuria

- 2011: Edema, fatigue, proteinuria, anemia
- 24-hour total urine protein 12,565mg, serum albumin 1.7g/dl, eGFR 111
- Renal biopsy in 11/2011: AL amyloidosis, lambda-type
- Marrow biopsy in 12/2011 showed lymphoplasmacytic lymphoma
- **IgM 1565mg/dl,** FLC lambda 44.4mg/L with kappa < 3.3
- Rituximab, cyclophosphamide, dexamethasone every 3 weeks x 8 cycles
- Lambda free light chains normalized after cycle 4 and IgM was reduced by 50%
- Plasma exchange to increase serum albumin to 3.0g/dL
- Stem cell mobilization with cyclophosphamide, rituxan and G-CSF
- BEAM autologous SCT (day 0 8/29/12)
- Post-SCT he completed 20/24 months of rituximab maintenance every 3 months. Diarrhea.
- He has achieved and maintained a hematologic complete response
- He has also achieved a renal response. eGFR > 90, protein:creatinine ratio < 100



Blood 2009;114:3147



## 99 patients with WM

- Male/female ratio was 1.5
- Median age at diagnosis was 63 years (range, 37–90)
- Forty-one percent required therapy
- Median serum B2M was 2.3 mg/L, median hemoglobin 10 gm/dL, median serum viscosity 1.9 cp, and median platelet count 240 ×109/L
- Mean sFLC was 131.2 mg/L (95% CI 72–189)
- sFLC correlated with the serum IgM level (r=0.27; p=0.008).

Blood (2006) 108 (11): 2420.

#### 49 patients with WM+AL

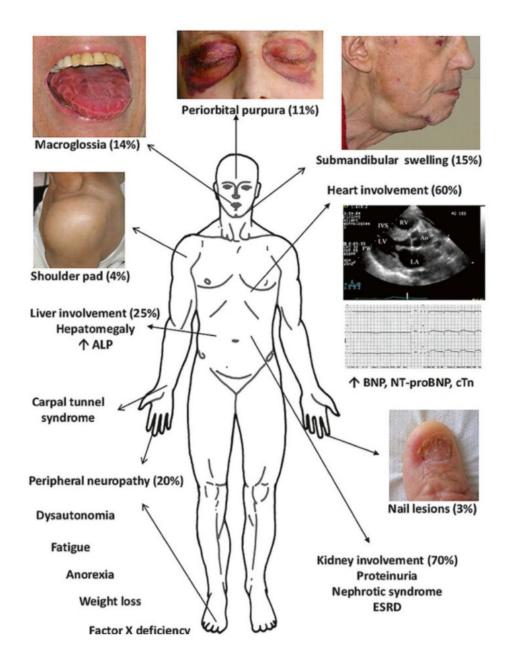
20% had WM+AL at diagnosis

80% had AL diagnosed a median of 3 months after WM (0-201)

24% had AL diagnosed > 5 years after WM

Patients' characteristics	All patients (N=49)
Age, years Median (range) >65 years, N (%)	68 (56-86) 30/49 (61)
Sex, N (%) Male Female	27/49 (55) 21/49 (45)
Light chain isotype, N (%) Kappa Lambda	19/49 (39) 30/49 (61)
Hemoglobin level, g/dL Median (range) ≤11.5 g/dL, N (%)	12.4 (9.2-18.1) 13/48 (27)
Platelet count, x10°/L Median (range) ≤100 x10°/L, N (%)	263 (126-652) 0/48 (0)
β <sub>2</sub> -microglobulin, mg/L Median (range) >3 mg/L, N (%)	3.2 (1.6-22.2) 26/48 (54)
Serum IgM level, mg/dL Median (range) >4,000 mg/dL, N (%)	1418 (284-5,498) 6/49 (12)
dFLC, mg/L Median (range) >180 mg/L, N (%)	73.7 (5.1-1,333.5) 10/49 (20)
BM involvement by LPL, % Median (range) >10%, N (%)	20 (10-60) 41/48 (85)
Tumor genotype, N (%)  MYD88 mutation  CXCR4 mutation t(11;14)	17/21 (81) 3/9 (33) 0/27 (0)

Haematologica 2023;108:1680



Patients' characteristics	All patients (N=49)
Urine protein excretion, mg/24 h Median (range) >5,000 mg/24 h, N (%)	655 (0-14,064) 13/48 (27)
Alkaline phosphatase, IU/L Median (range) >150 IU/L, N (%)	91 (36-924) 8/47 (17)
Brain natriuretic peptide, pg/mL Median (range) >81 pg/mL, N (%)	77 (3-2,163) 23/48 (48)
NT-pro-BNP, pg/mL Median (range) >332 pg/mL, N (%)	554 (62-5,732) 13/22 (59)
Troponin I, ng/mL Median (range) >0.1 ng/mL, N (%)	0.012 (0.006-0.599) 4/48 (8)
BU cardiac stage, N (%) I II III	25/48 (52) 19/48 (40) 4/48 (8)
IPSSWM stage, N (%) Low Intermediate High	12/48 (25) 31/48 (65) 5/48 (10)
Organ involvement, N (%) Renal Cardiac Peripheral nervous system Autonomic nervous system Gastrointestinal Lymph node Pulmonary Skin/soft tissue Hepatic	25/49 (51) 17/49 (35) 16/49 (33) 10/49 (20) 8/49 (16) 8/49 (16) 7/49 (14) 7/49 (14) 3/49 (6)

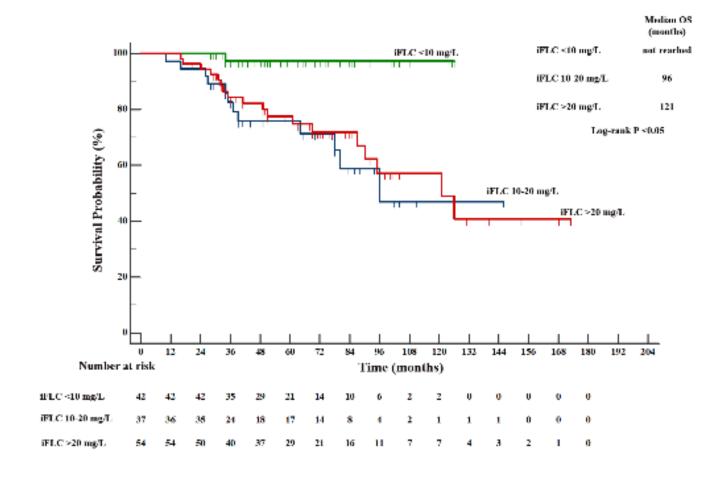
### At Diagnosis

- Cardiac symptoms
  - NT-proBNP, hs Troponin T
  - Echo, EKG
- Proteinuria or unexplained worsening of renal function
- Unexplained enlargement of the liver
- Dizziness on standing & orthostatic vital signs
- Unexplained peripheral neuropathy
- Free light chains
- Fat pad aspirate, bone marrow biopsy, stained with Congo red

## In Follow Up – Every 6 to 12 months

- Symptom changes
- Changes in functional status
- Weight loss
- Not just the IgM Free light chains & trend them
- Fat pad aspirate, bone marrow biopsy, stained with Congo red
- Involved organ biopsy
- Previous bowel biopsies

## OS with iFLC Response < 10mg/L



SCT Bortezomib Daratumumab

Goals remain:
Preserve organ
function
Maintain QOL
Achieve MRD
Long-term survival

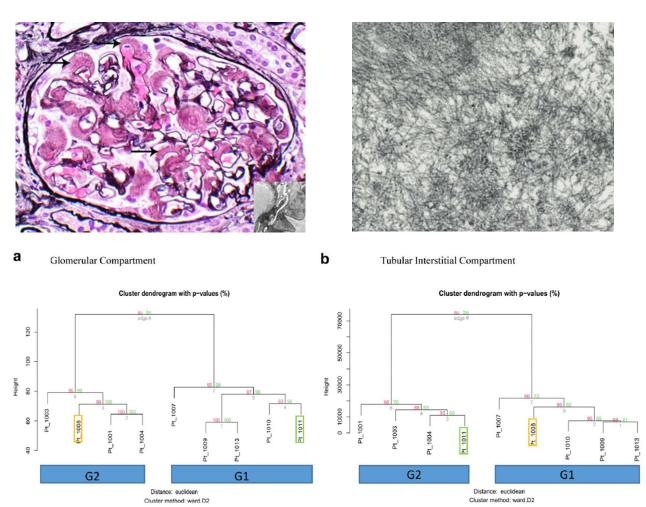
Am J Hematol 2021;96:E20; DOI: (10.1002/ajh.26025)

## Many Known Unknowns

- Pathology
- Gene Expression Profiles
- Light-chain Tropism
- Reversal of Proteinuria
- Irreversible Renal Damage
- Dual Organ Connections
  - Heart & Kidney
  - Liver & Kidney
- Post-renal transplant hematologic maintenance

Clin J Am Soc Nephrol 2013;8: 1515 Br J Haematol 1999;106:744 Blood 2021;138 (S 1): 2715

Kidney Int Rep DOI:10.1016/j.ekir.2024.07.002



Unsupervised hierarchical clusters

## Advances in Therapy and Better Outcomes Survivorship comes at a price

- SCT
  - MEL 200
  - MEL 140 for ESRD Patients on HD
  - SCT post-solid organ transplant
- Bortezomib
  - VCD (CyBorD)
- Burden of Survivorship: MRD and PET/CT every 1 to 2 years

- Immunotherapies being studied
- BITEs
  - Teclistamab
  - Elranatamab
  - Talquetamab
- CAR-T cells
  - Nexcella
  - Cilta-cel
  - Ide-cel



## Acknowledgements

#### Patients and their families

NIA, NCI/NIH

Demarest Lloyd Jr Foundation
Sidewater Family Foundation
The Amyloidosis Foundation
Werner and Elaine Dannheiser Fund for
Research on the Biology of Aging
The Amyloidosis and Myeloma Research Fund
MMRF

The Cam Neely and John Davis Myeloma Research Fund Janssen

#### **Comenzo Lab:**

Ping Zhou, MD, PhD
Denis Toskic, BS
Xun Ma, DMD, PhD
Stephanie Scalia, MS
Xia (Yaya) Wu, MD

Clinical Program

Terry Fogaren, NP

Nancy Coady-Lyons, RN

Parva Bhatt, MD

Lori Brown