2026 HFSA Enduring Webinar
Case-Based Catalysts in ATTR Management:
Dynamic Discussions on the Latest Data and Current Clinical Challenges

Jointly Provided by

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Cornerstone Medical Education

Support for this accredited continuing education activity has been made possible through an educational grant from AstraZeneca and Ionis Pharmaceuticals.

Release date: November (TBD)
Expiration date: November (TBD)
Estimated time to complete: 1.5 hours
Activity URL: TBD (CMETv.com)

Activity Description

This educational activity is targeted to cardiologists, neurologists, heart failure specialists, and the interprofessional team of nurse practitioners, cardiac nurses, and physician assistants that help manage patients with transthyretin-mediated amyloidosis (ATTR). Designed as a dynamic, interactive, case-driven tour-de-force of the latest data and emerging best practices, this activity (based on a satellite symposium at HFSA 2026) will offer learners an expert-led appraisal of the evolving clinical trial evidence and regulatory updates for novel therapeutics in ATTR, with an emphasis on standard of care treatment selection and sequencing in ATTR-CM, ATTR-PN, and ATTR of mixed phenotype, and will include an intensive review of established and emerging pharmacologic mechanisms and incisively examine how they interface with ATTR pathophysiology. Attendees will also get a unique "glimpse beyond the cutting edge" in a segment led by the two Wiesman Award winners of the 2nd Annual (2025) ATTR Early-Career Research Forum, in which they detail the rationale, design, results, and real-world promise of their original ATTR research projects. Built upon a case-based infrastructure, the educational design of this activity will not only engage cardiologists, neurologists, and other members of the ATTR multidisciplinary and interprofessional treatment team, but will also incorporate the patient/caregiver voice in a responsive effort to bridge the disconnect between clinician and patient expectations across diverse ATTR phenotypes.

Activity Faculty

Morie Gertz, MD — Activity Chair and Moderator
Sami Khella, MD
Ahmad Masri, MD
Jan Griffin, MD

Evan Oikonomou, MD — ATTR Early-Career Research Forum Wiesman Award Winner
Michael Chetrit, MD — ATTR Early-Career Research Forum Wiesman Award Winner

Activity Agenda

- Welcome, Introductions & Pre-Test
- An ATTR Level-Set: Understanding the Prevalence, Pathogenesis, and Multi-System Burden
- Emphasis on Early: Recognizing Red Flags and Achieving Timely ATTR Diagnosis
- Taking Aim at the Amyloidogenic Cascade: Emerging Evidence, Evolving Best Practices, and the Changing ATTR Treatment Landscape
- The Wiesman Moment: Emerging ATTR Research from the 2nd Annual ATTR Early-Career Research Forum
- Realizing Collaborative Synergies in ATTR: Multidisciplinary Strategies for Meeting Multi-System Patient Needs
- Interactive Expert Discussion, Audience Q&A, & Post-Test

Target Audience

This educational activity is targeted to cardiologists, neurologists, heart failure specialists, and the interprofessional team of nurse practitioners, cardiac nurses, and physician assistants that help manage patients with transthyretin-mediated amyloidosis (ATTR).

Learning Objectives

After participating in the activity, learners should be better able to

- Review the epidemiology, pathophysiology, and clinical gravity of ATTR, with emphasis on the patient burden of illness across the phenotypic spectrum.
- Identify hallmark features of ATTR clinical presentation and initiate best-practice diagnostic pathways early in the disease natural history.
- Summarize key therapeutic targets throughout the amyloidogenic cascade.
- Evaluate the totality of emerging clinical trial evidence for novel therapeutics in ATTR, highlighting the latest data, regulatory milestones, ongoing pivotal studies, and impending readouts.
- Appraise original ATTR research rationale, design, and data findings from work conducted by the Wiesman Award winners of the 2nd Annual ATTR Early-Career Research Forum.
- Develop evidence-driven, patient-centric treatment plans that address the heterogeneous, multimorbid nature of ATTR, with a focus on collaborative, multidisciplinary care.

Accreditation and Credit Designation



In support of improving patient care, this activity has been planned and implemented by American Academy of CME, Inc. and Cornerstone Medical Education. American Academy of CME, Inc. is Jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

Physicians

American Academy of CME, Inc., designates this enduring material for a maximum of 1.5 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Nurse Practitioners and Nurses

American Academy of CME, Inc., designates this educational activity for 1.5 ANCC contact hours (0.8 pharmacotherapeutic contact hours).

California: Provider approved by the California Board of Registered Nursing, Provider Number CEP16993 for 1.5 contact hours.

Other HCPs

Other members of the care team will receive a certificate of participation.

Instructions on How to Receive Credit

There are no fees to participate in the activity. Participants must sign in and participate in the live activity. To receive CME/CNE credit for your participation, please complete the post-test, and program evaluation. Your certificate will be distributed immediately.

Contact

For any questions, please contact: CEServices@academycme.org

Disclosures

According to the disclosure policy of the Academy, all faculty, planning committee members, editors, managers and other individuals who are in a position to control content are required to disclose any relationships with any ineligible company(ies). The existence of these relationships is not viewed as implying bias or decreasing the value of the activity. Clinical content has been reviewed for fair balance and scientific objectivity, and all of the relevant financial relationships listed for these individuals have been mitigated.

Disclosure of relevant financial relationships are as follows:

Faculty Educators

Morie Gertz, MD - Advisory Board/Consultant/Honoraria: AstraZeneca, Alnylam, Sanofi, Janssen, Johnson & Johnson, Recordati, Dava Oncology, Alexion; Data Safety Monitoring Board: AbbVie, Regeneron

Sami Khella, MD - Advisory Board/Consultant: Advisory Board/Consultant: Alnylam, AstraZeneca, Alexion, CSL Behring, BridgeBio

Jan Griffin, MD - Advisory Board/Consultant: BridgeBio, AstraZeneca, Pfizer; Grant/Research Support: Pfizer, Bridgebid; Speaker's Bureau: BridgeBio

Ahmad Masri, MD, MS - Advisory Board/Consultant: Cytokinetics, BridgeBio, Pfizer, Ionis, Lexicon, Attralus, Alnylam, Haya, Alexion, Edgewise, Rocket, Lexeo, BioMarin, AstraZeneca, Avidity, Neurimmune; Grant/Research Support: Attralus, Bayer, Cytokinetics

Michael Chetrit, MD, FACC - Advisory Board/Consultant: Alnylam, Pfizer, BMS; Grant/Research Support: Pfizer

Evangelos Oikonomou, MD, DPhil - Advisory Board/Consultant: Caristo Diagnostics, Ensight-AI; Intellectual Property/Patents: Caristo Diagnostics (through Oxford, UK)

Clinical content has been reviewed for fair-balance and scientific objectivity, and all relevant relationships listed have been mitigated

All planners and reviewers have no relevant relationships

This educational activity will not review off-label utilization of currently available therapies in ATTR, but will review the prospective role and potential uses of investigational agents if and when they are FDA-approved.

The opinions expressed in this accredited continuing education activity are those of the faculty, and do not represent those of the Academy or Cornerstone Medical Education. This educational activity is intended as a supplement to existing knowledge, published information, and practice guidelines. Learners should appraise the information presented critically, and draw conclusions only after careful consideration of all available scientific information.

Per regulatory guidelines, the educational grant used to support this activity may only be used for medical professionals attending the presentation. Our grant funding does not allow for participation by non-healthcare providers and/or guests.

Implicit Bias: Implicit bias refers to unconscious attitudes and stereotypes that influence our thoughts, judgements, decisions, and actions without our awareness. Everyone is susceptible to implicit bias, even clinicians. In healthcare, implicit biases can have a significant impact on the quality of care an individual receives. These biases can be both favorable and unfavorable and are activated involuntarily without an individual's awareness or intentional control. Studies have indicated that healthcare providers' incorrect perceptions can impact providers' communications and clinical decision-making contributing to disparities in clinical outcomes. Addressing implicit biases in healthcare is critical to improving health outcomes and promoting health equity for all patients. Patient-centered care can reduce the impact of implicit bias, by treating each patient as a unique individual who may or may not hold beliefs associated with their backgrounds and circumstances. In addition, recognizing implicit bias in one's own practice using techniques such as self-reflection and mindful clinical decision-making can ensure more equitable and effective care for all patients.

Over the past several decades, cognitive science research has demonstrated human behavior, beliefs and attitudes are shaped by automatic and unconscious cognitive processes. The healthcare profession is devoting greater attention to how these automatic and unconscious processes impact care including: (1) preferential treatment toward or against specific patient populations causing healthcare inequities, (2) influence patient-provider communications leading to misunderstandings and mistrust, and (3) impact access to healthcare and affect treatment decisions resulting in misdiagnosis, delays in treatment and specialty referrals and poor pain management. Considering one might have unconscious biases and exploring them may be uncomfortable because the very idea that they exist may conflict with how clinicians perceive themselves. It is only by becoming aware of one's unconscious biases that members of the healthcare team can take steps to mitigate them to ensure all their patients receive quality healthcare. For more information on strategies to reduce implicit bias, visit: https://www.ihi.org/library/blog/how-reduce-implicit-bias

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