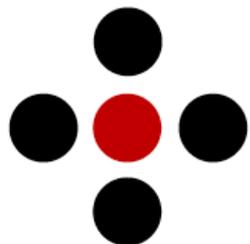




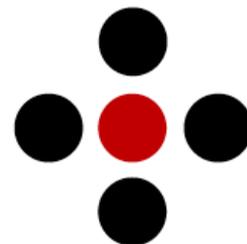
NOUVEAUX TRAITEMENTS DES CMH

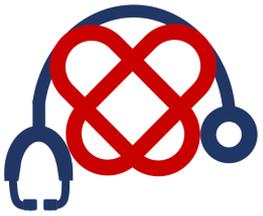


Olivier LAIREZ
Centre hospitalier universitaire de Toulouse



AVANT-PROPOS



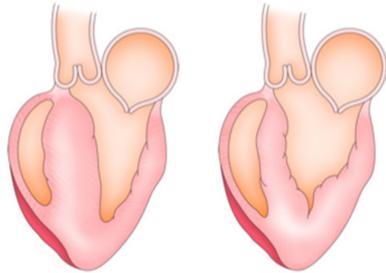


LES CMH

HCM

Non-obstructive

(LVOT resting gradient is < 30 mmHg)

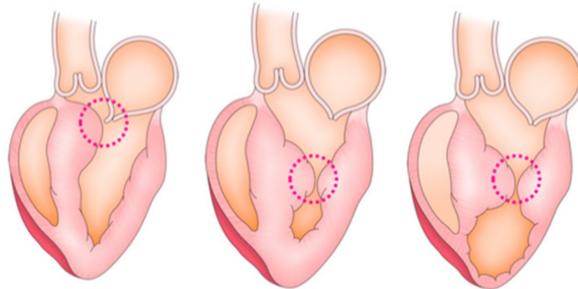


reverse curve or sigmoidal

apical

Obstructive

(LVOT resting gradient is ≥ 30 mmHg)



LVOTO

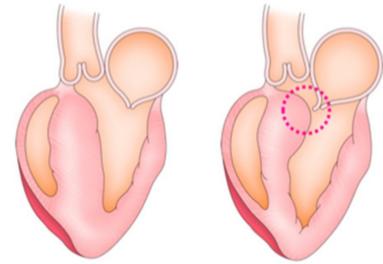
MVO

LVAA

progression

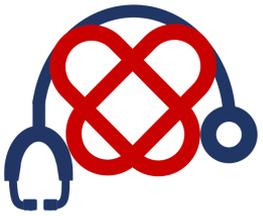
Latent-obstructive

(LVOT gradient is < 30 mmHg at rest and ≥ 30 mmHg on exertion)

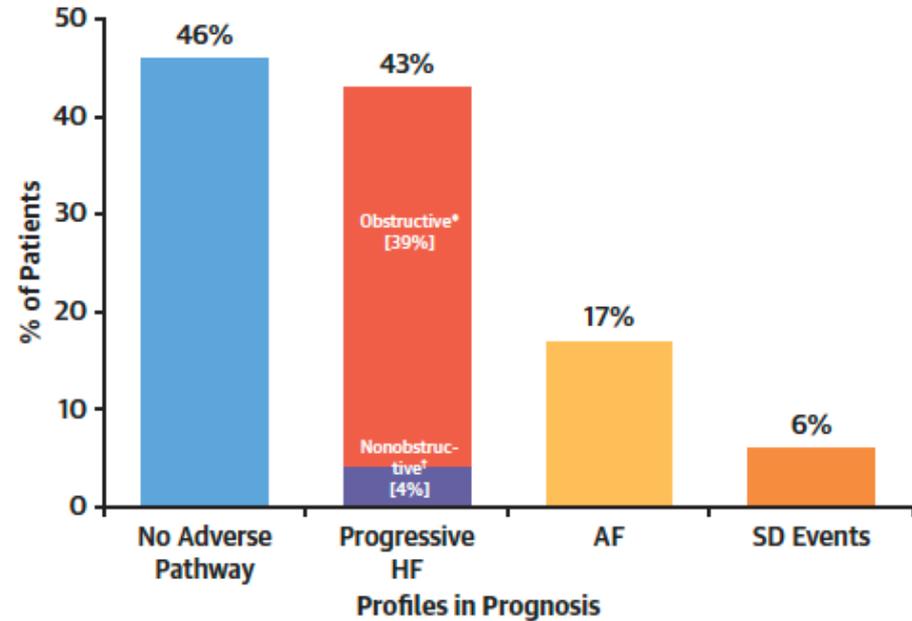
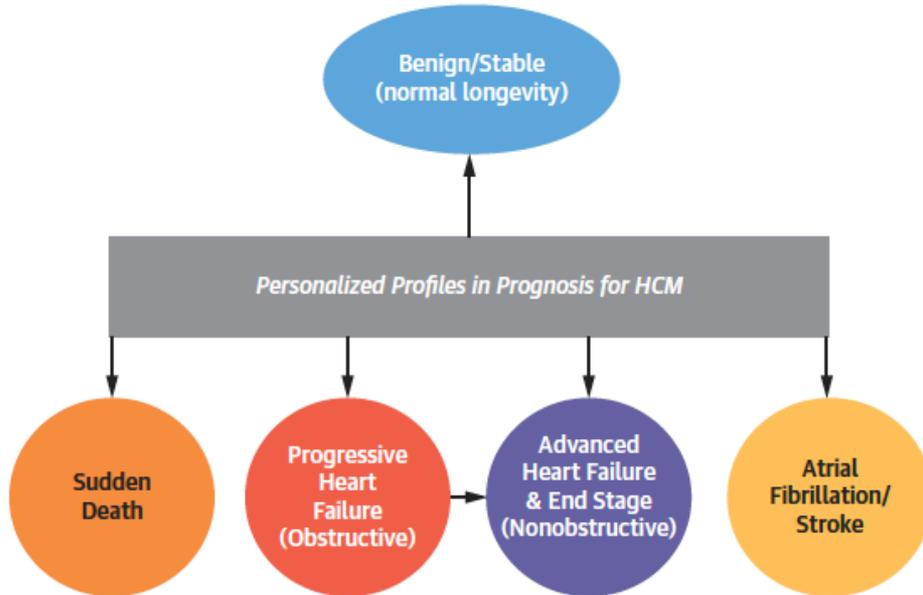


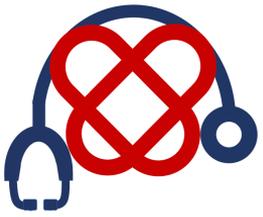
rest

provocation

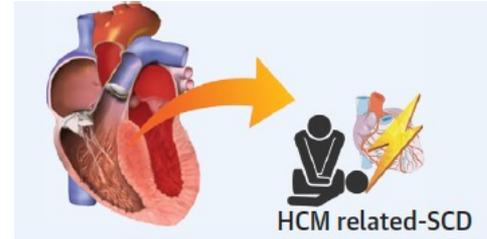


PROFILS & RISQUES DES CMH

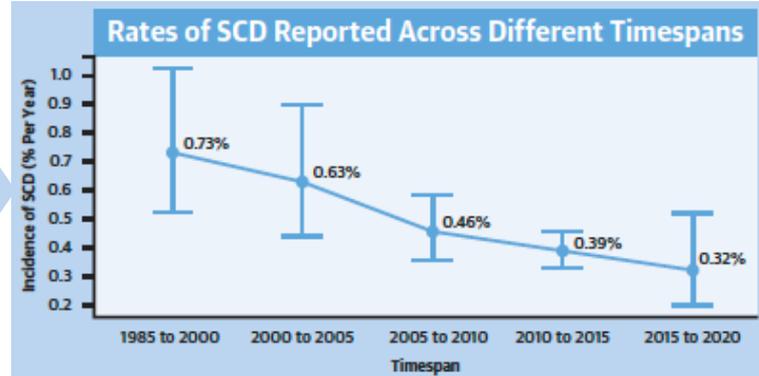
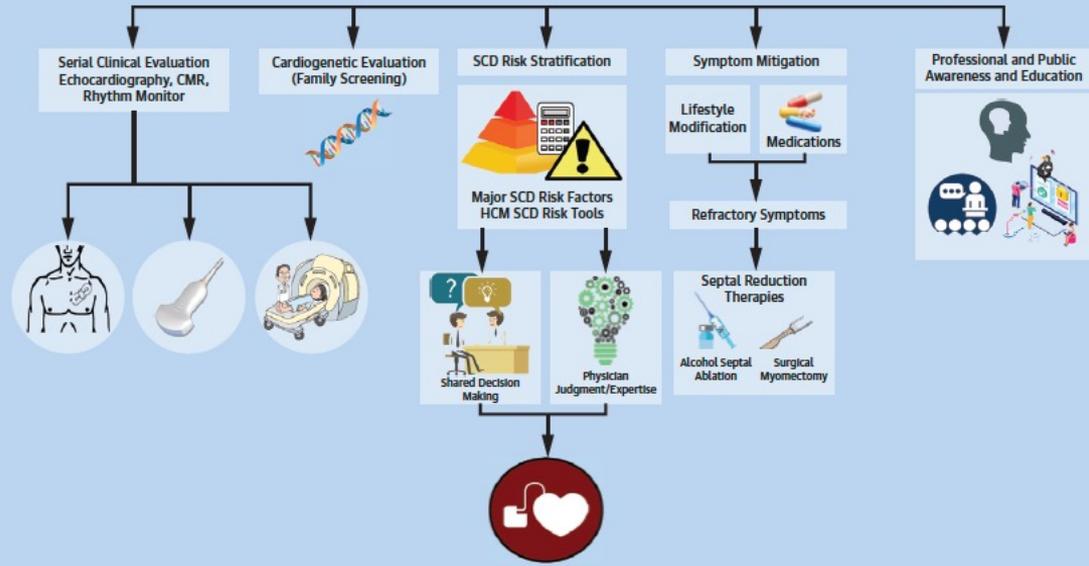




PRÉVENTION DE LA MORT SUBITE

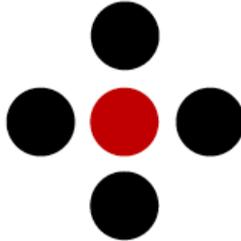


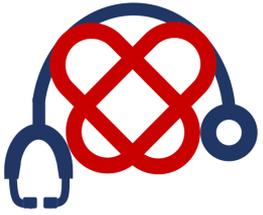
Interventions Impacting Sudden Death Risk in Hypertrophic Cardiomyopathy



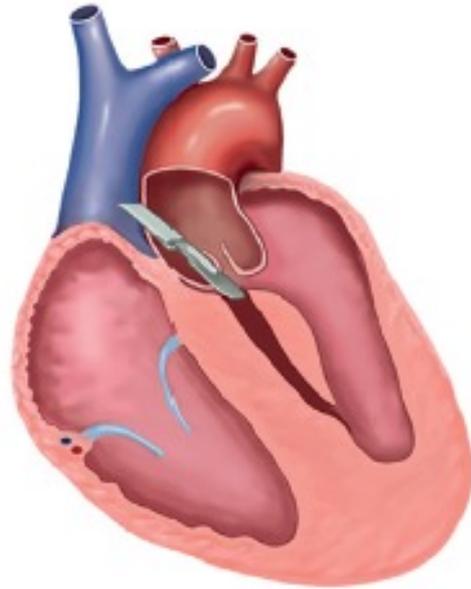


APPROCHE MÉCANISTIQUE

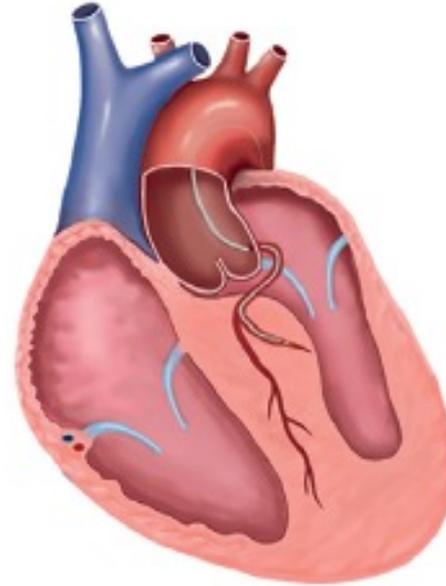




TRAITEMENT MÉCANIQUE DE L'OBSTRUCTION



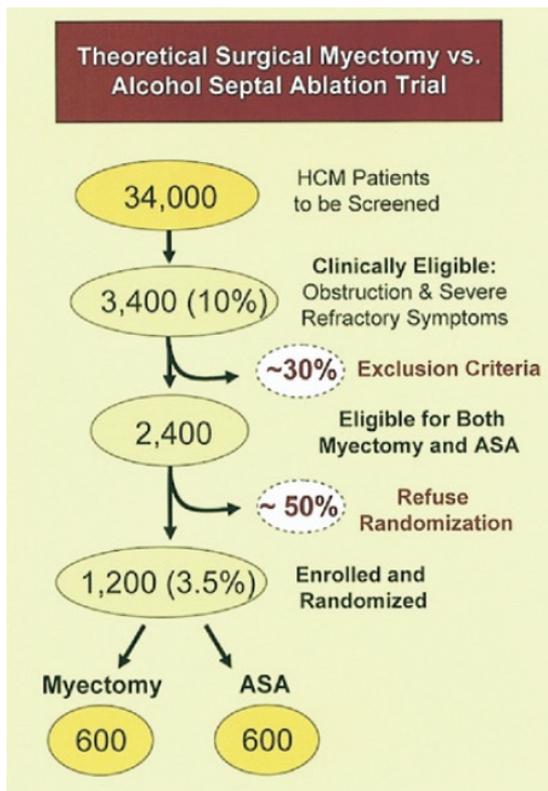
Myomectomie



Alcoolisation septale

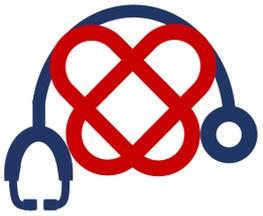


UN ESSAI RANDOMISÉ POUR LES CMHO



Conclusions and Future Perspectives

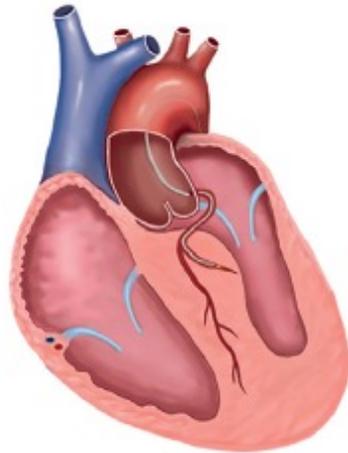
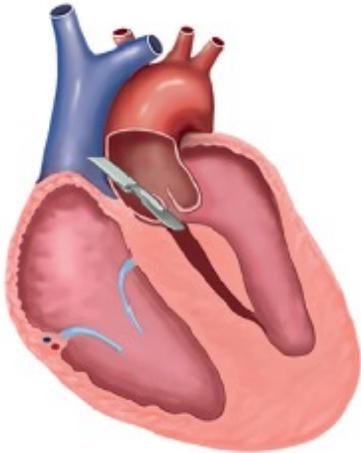
An adequately powered randomized trial comparing long-term benefits of myectomy and ASA in severely symptomatic patients with obstructive HCM is not feasible and unlikely to be undertaken at any time. Alternative strategies would include carefully conducted prospective, non-randomized studies assessing the long-term clinical outcome associated with both procedures, with particular regard to the risk of late sudden cardiac death.



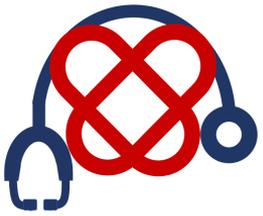
Survival After Septal Reduction in Patients >65 Years Old With Obstructive Hypertrophic Cardiomyopathy

Septal Myectomy (SM)
N = 3,680

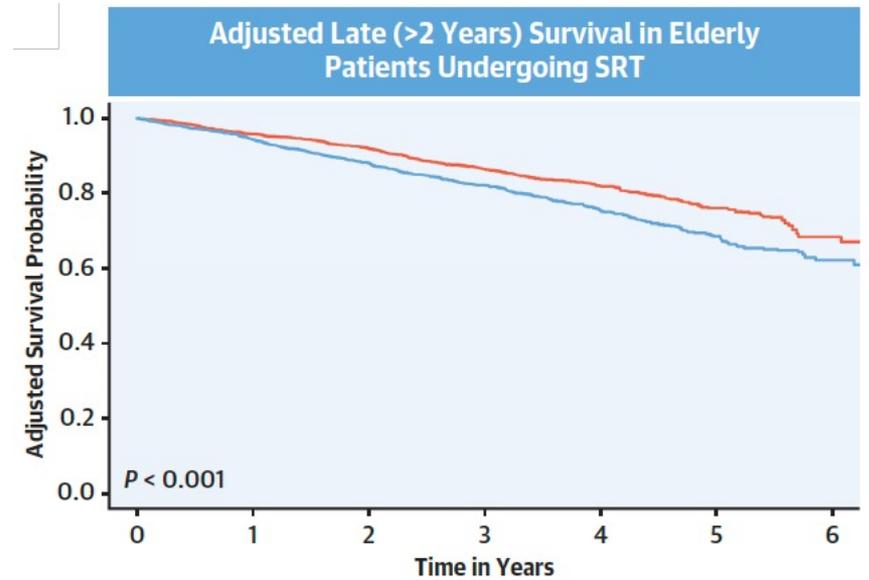
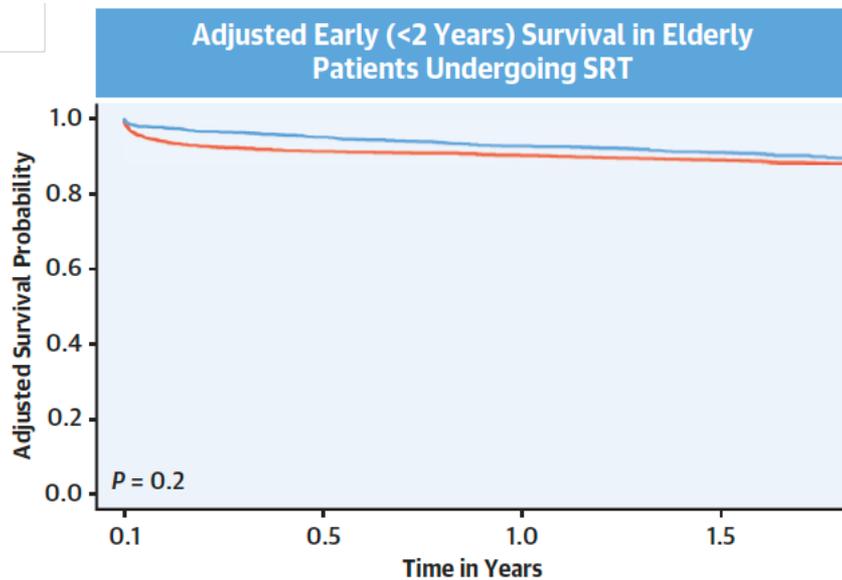
Alcohol Septal Ablation (ASA)
N = 1,999



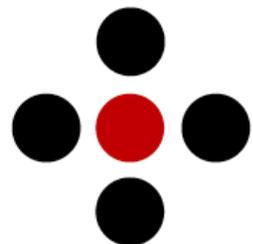
- ↑ Higher complications up to 3 months following SM vs ASA
- ↓ Need for redo SRT after SM vs ASA (HR: 0.10, 95% CI: 0.0607-0.1915, $P < 0.001$)
- ↓ Both SRT reduced HF readmission burden



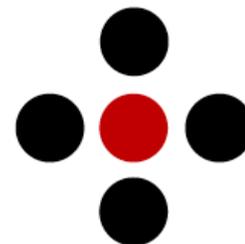
Survival After Septal Reduction in Patients >65 Years Old With Obstructive Hypertrophic Cardiomyopathy

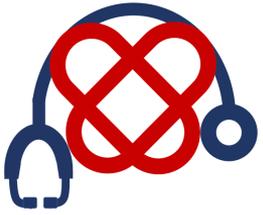


— ASA — Surgical Myectomy

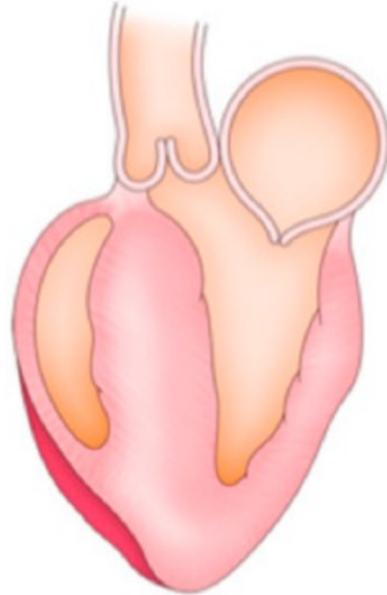


APPROCHE PHÉNOTYPIQUE

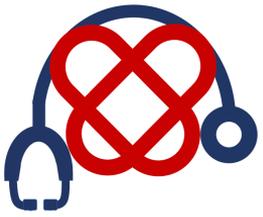




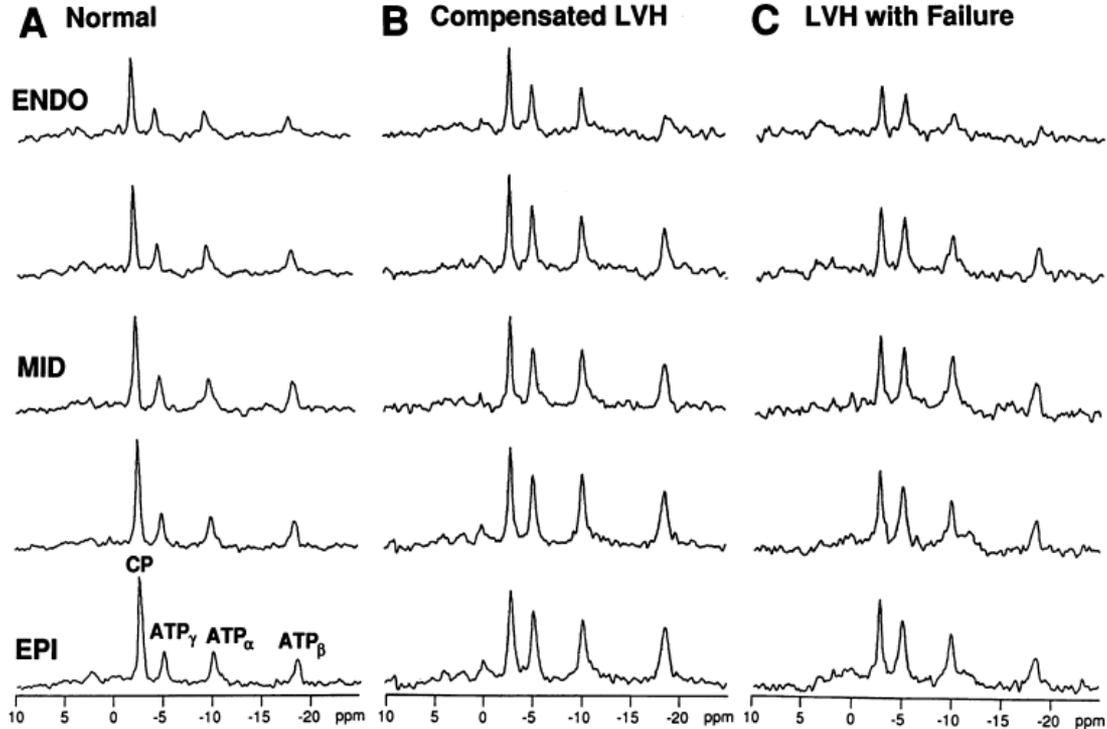
APPROCHE PHÉNOTYPIQUE

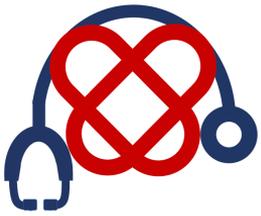


Hypertrophie ventriculaire gauche



SPECTROSCOPIE PAR RÉSONNANCE DU PHOSPHORE

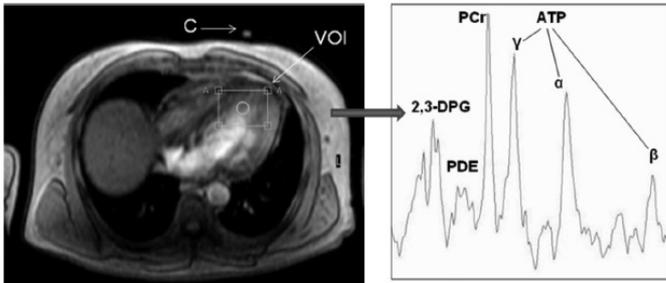




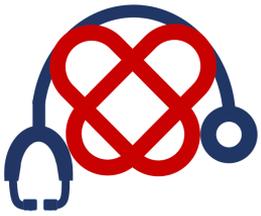
Metabolic Modulator Perhexiline Corrects Energy Deficiency and Improves Exercise Capacity in Symptomatic Hypertrophic Cardiomyopathy

Perhexiline

Modulateur métabolique, inhibiteur de la carnitine palmitoyltransférase 1.



Parameter	Perhexiline Group		Placebo Group		P, ANCOVA
	Baseline	Follow-Up	Baseline	Follow-Up	
Metabolic exercise parameters					
Peak $\dot{V}O_2$, mL · kg ⁻¹ · min ⁻¹	22.2±0.2	24.3±0.2	23.6±0.3	22.3±0.2	0.003*
$\dot{V}O_2$ -AT, mL · kg ⁻¹ · min ⁻¹	16±0.11	15±0.1	17±0.23	16±0.15	0.85
$\dot{V}E/\dot{V}CO_2$ slope	30±0.12	32±0.12	30±0.23	32±0.3	0.99
Myocardial energetic status					
PCr/ATP ratio	1.27±0.02	1.73±0.02	1.29±0.01	1.23±0.01	0.003*
Symptomatic status					
MLHFQ score	36±0.94	28±0.75	37±1.21	34±1.25	<0.001*
LV systolic function (at rest and during exercise), %†					
Resting EF	68±0.51	67±0.49	66±0.46	65±0.42	0.22
Exercise EF	72±0.75	69±0.45	73±0.56	75±0.39	0.07



Randomized controlled trial of perhexiline on regression of left ventricular hypertrophy in patients with symptomatic hypertrophic cardiomyopathy (RESOLVE-HCM trial)

RESOLVE-HCM TRIAL TIMELINE

Quarter 1-2	Quarter 3-4						
2020		2021		2022		2023	

PROJECT PREPARATION
Draft protocol
Confirm protocol
HREC approval
Employ personnel
Acquire study drug and placebo

PATIENT RECRUITMENT
Multiple Australian centres

PATIENT FOLLOW-UP

ECHOCARDIOGRAPHY AND CMR ANALYSIS

CLOSE OUT
Data cleaning and verification
Data analysis
Dissemination of results

ClinicalTrials.gov Identifier: NCT04426578

Recruitment Status ⓘ : Recruiting

First Posted ⓘ : June 11, 2020

Last Update Posted ⓘ : March 11, 2021



ÉTUDES EN COURS

Trientine

Chélateur sélectif du cuivre
(Effets sur la réponse hypertrophique chez l'animal)

The Efficacy and Mechanism of Trientine in Patients With Hypertrophic Cardiomyopathy (TEMPEST)

ClinicalTrials.gov Identifier: NCT04706429

Recruitment Status ⓘ : Recruiting

First Posted ⓘ : January 12, 2021

Last Update Posted ⓘ : March 17, 2021

Éléclazine

Inhibiteur sélectif du courant sodique tardif

Effect of Eleclazine (GS-6615) on Exercise Capacity in Subjects With Symptomatic Hypertrophic Cardiomyopathy (LIBERTY-HCM)

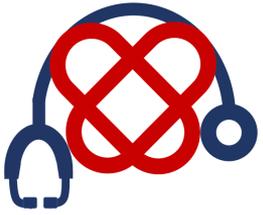
ClinicalTrials.gov Identifier: NCT02291237

Recruitment Status ⓘ : Terminated

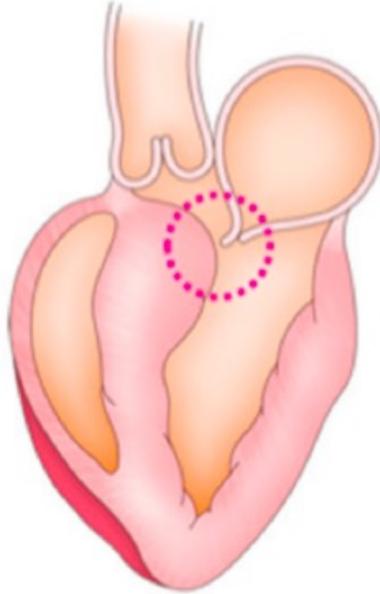
First Posted ⓘ : November 14, 2014

Results First Posted ⓘ : March 22, 2018

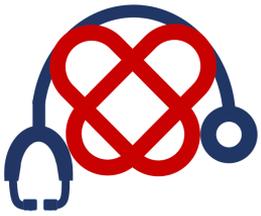
Last Update Posted ⓘ : September 24, 2018



APPROCHE PHÉNOTYPIQUE



Cardiomyopathie hypertrophique obstructive



2014 ESC Guidelines on diagnosis and management of hypertrophic cardiomyopathy

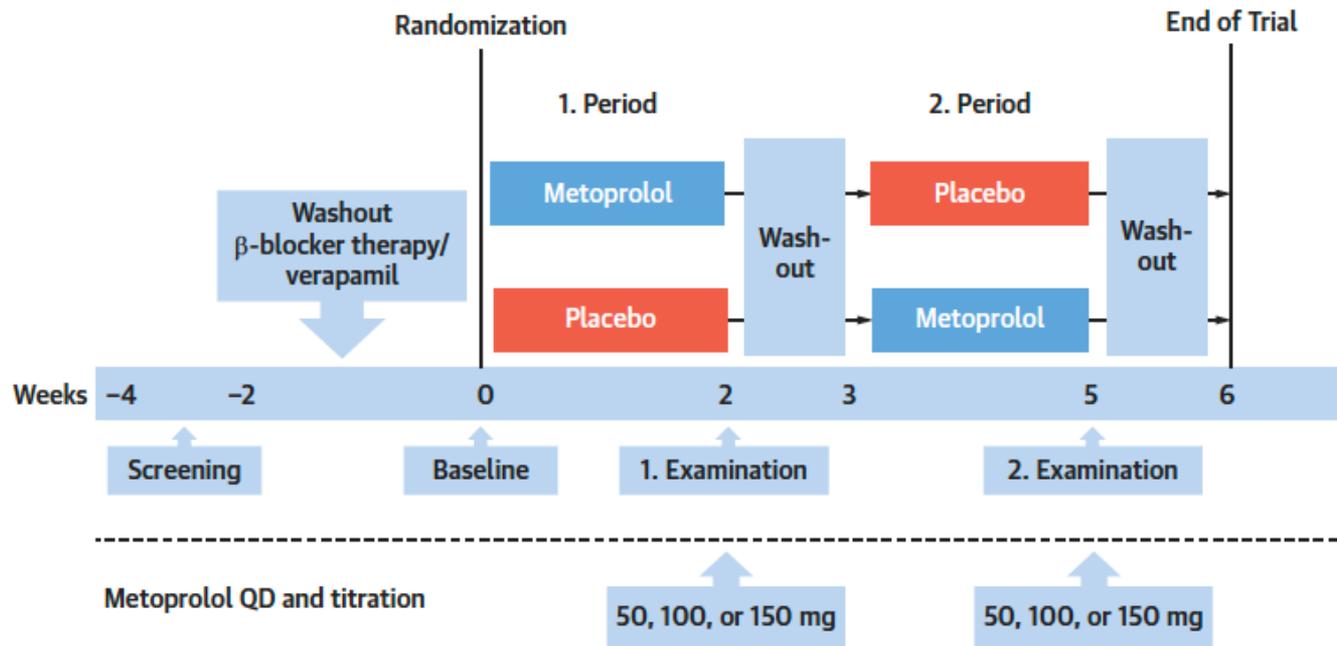
Recommendations on medical treatment of LVOTO

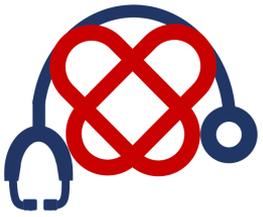
Recommendations	Class ^a	Level ^b
Non-vasodilating β -blockers, titrated to maximum tolerated dose, are recommended as first-line therapy to improve symptoms in patients with resting or provoked ^d LVOTO.	I	B
Verapamil, titrated to maximum tolerated dose, is recommended to improve symptoms in patients with resting or provoked ^d LVOTO, who are intolerant or have contraindications to β -blockers.	I	B
Disopyramide, titrated to maximum tolerated dose, ^e is recommended in addition to a β -blocker (or, if this is not possible, with verapamil) to improve symptoms in patients with resting or provoked ^d LVOTO.	I	B

Recommendations	Class ^a	Level ^b
Disopyramide, titrated to maximum tolerated dose, ^e may be considered as monotherapy to improve symptoms in patients with resting or provoked ^d LVOTO (exercise or Valsalva manoeuvre) taking caution in patients with—or prone to—AF, in whom it can increase ventricular rate response.	IIb	C

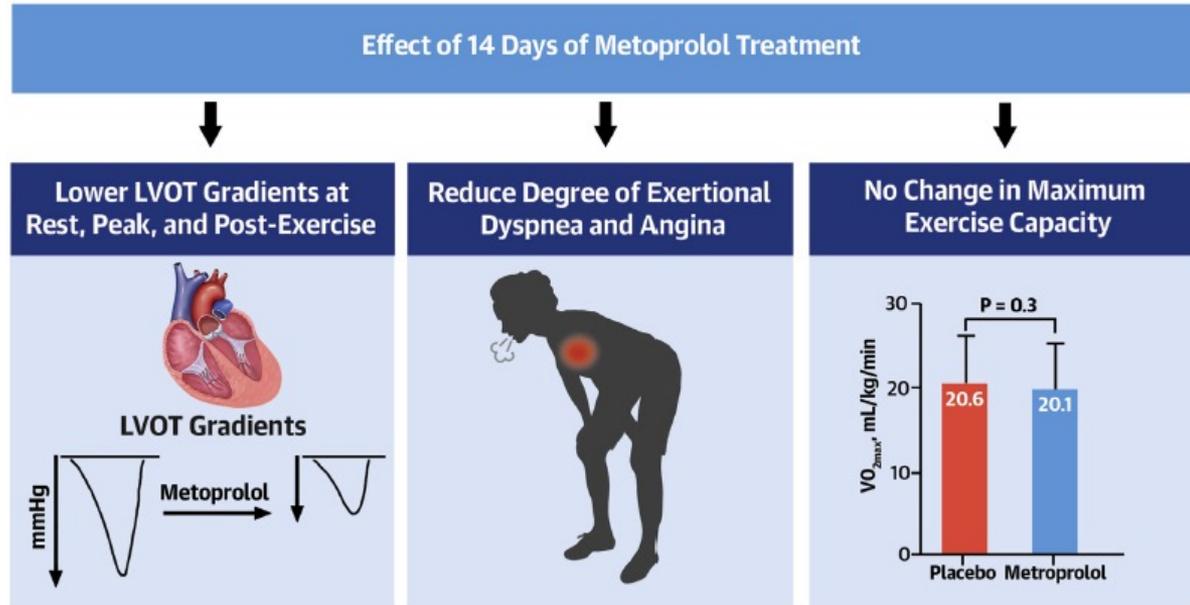
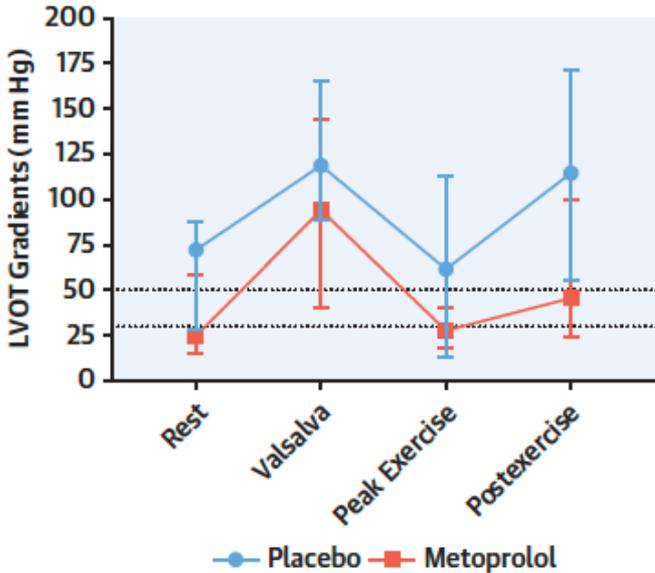


Randomized Trial of Metoprolol in Patients With Obstructive Hypertrophic Cardiomyopathy





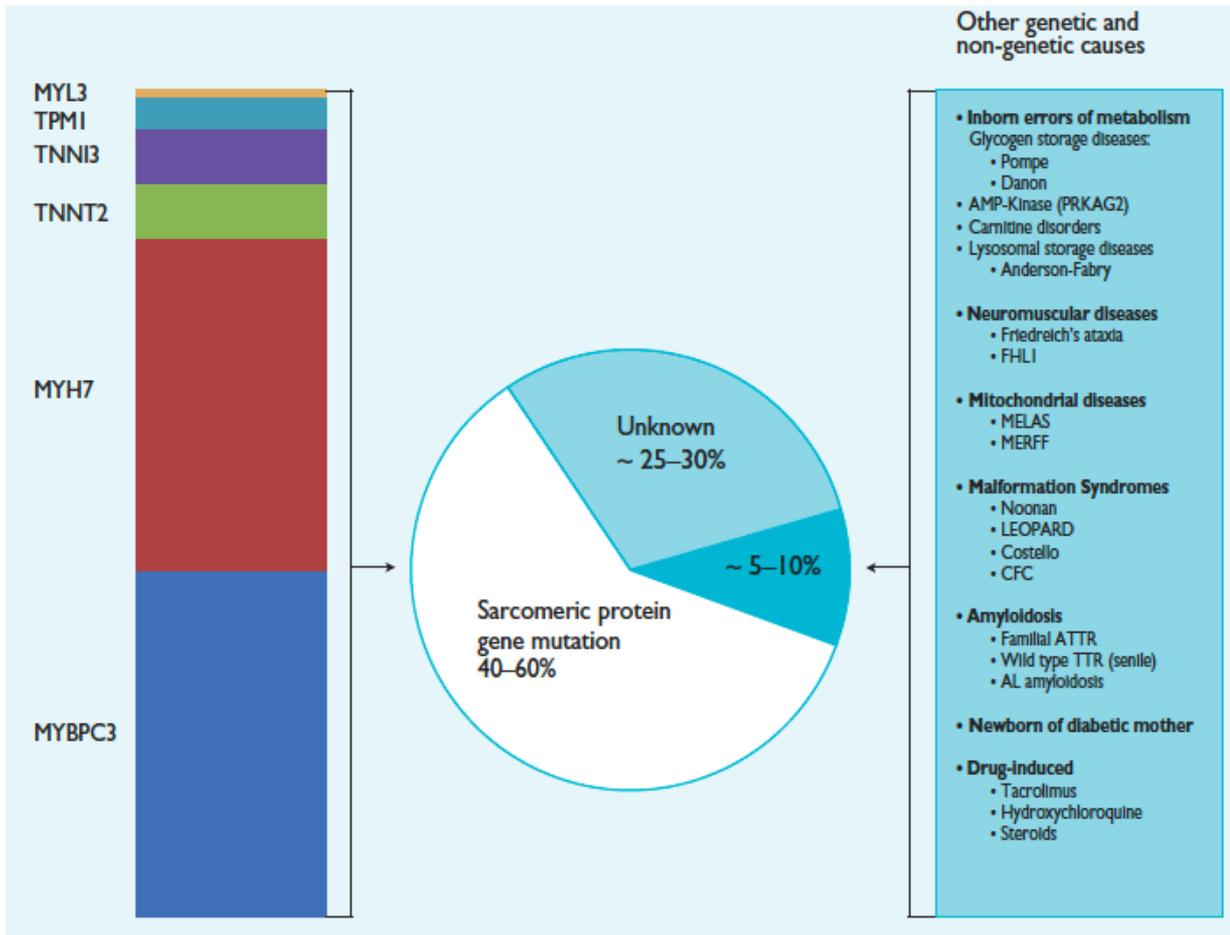
Randomized Trial of Metoprolol in Patients With Obstructive Hypertrophic Cardiomyopathy





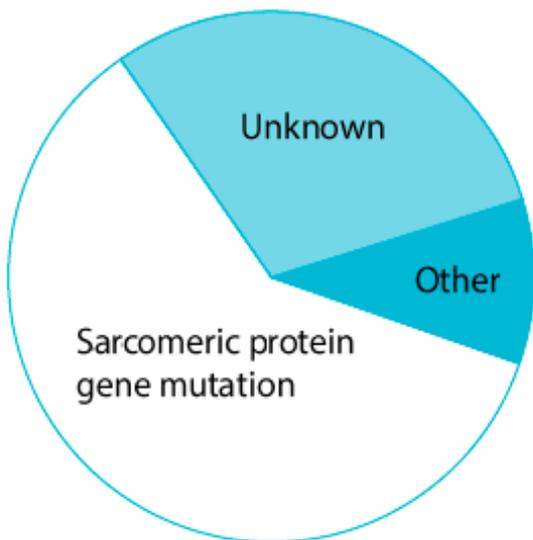
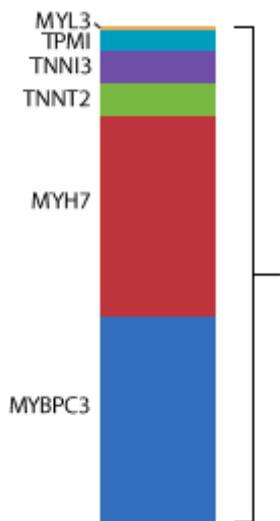
APPROCHE ÉTIOLOGIQUE



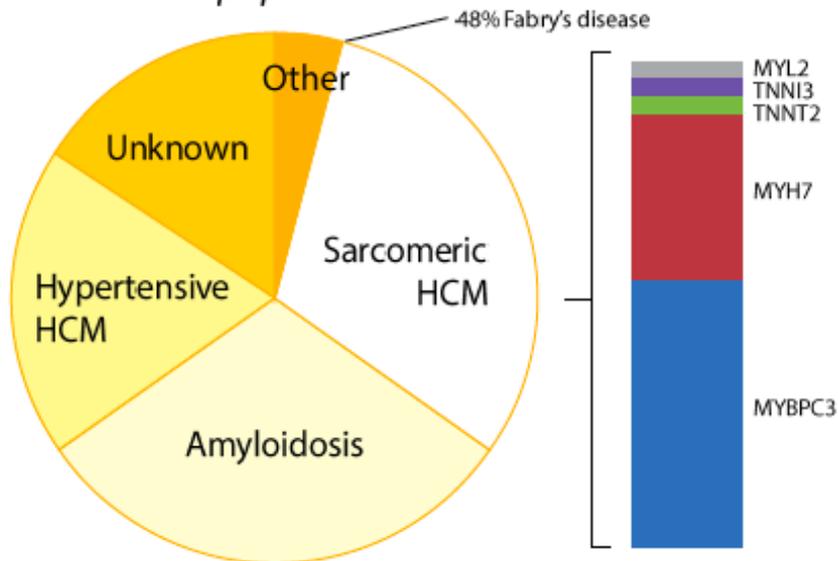




ESC 2014 Guidelines



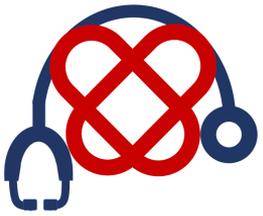
Our population





CMH SARCOMÉRIQUES

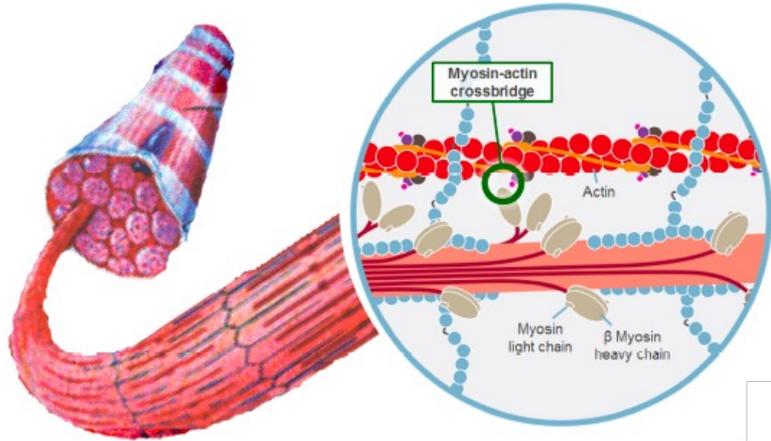




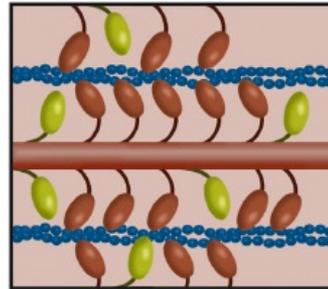
CMH OBSTRUCTIVE

Mavacamten

Modulateur de la β -myosine cardiaque réduisant l'hypercontractilité myocardique

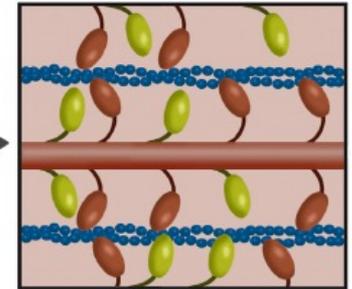


HCM Sarcomere



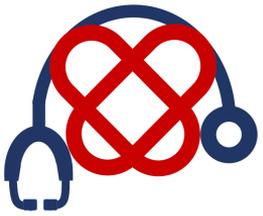
- Hypercontractility
- Impaired relaxation
- Altered myocardial energetics

HCM Sarcomere with Mavacamten



- Reduces myosin-actin cross bridges
- Attenuates hypercontractility and improves compliance and energetics

Mavacamten

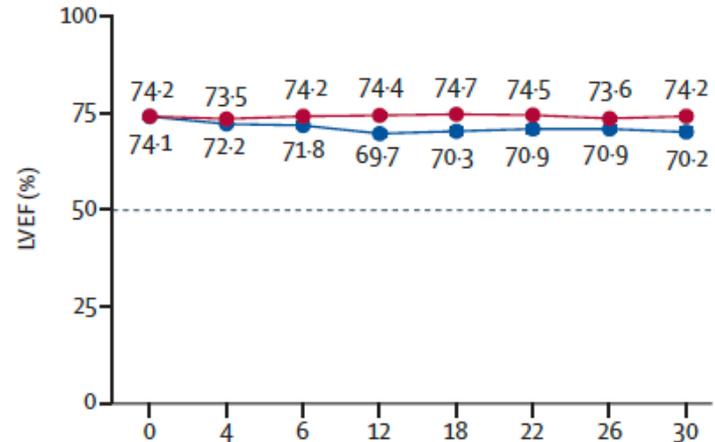
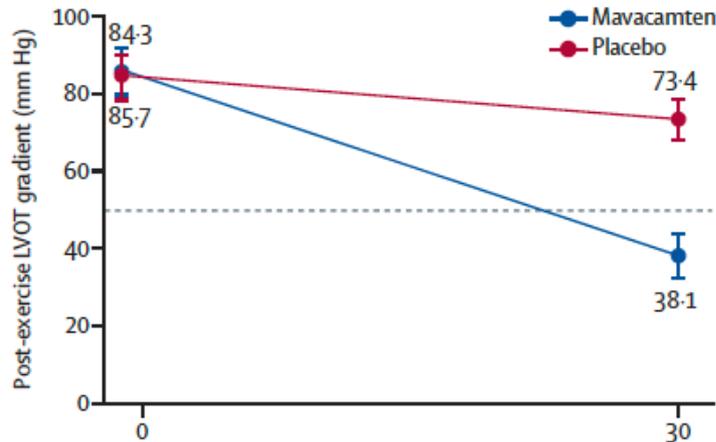


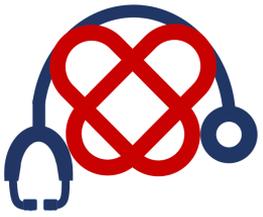
Mavacamten for treatment of symptomatic obstructive hypertrophic cardiomyopathy (EXPLORER-HCM): a randomised, double-blind, placebo-controlled, phase 3 trial

251 patients symptomatiques (NYHA II ou III) avec une obstruction ≥ 50 mmHg.

Critère principal : augmentation de la VO₂max de 1,5 mL/kg/min et amélioration d'une classe NYHA ou augmentation de la VO₂max de 3 mL/kg/min sans dégradation de la classe NYHA

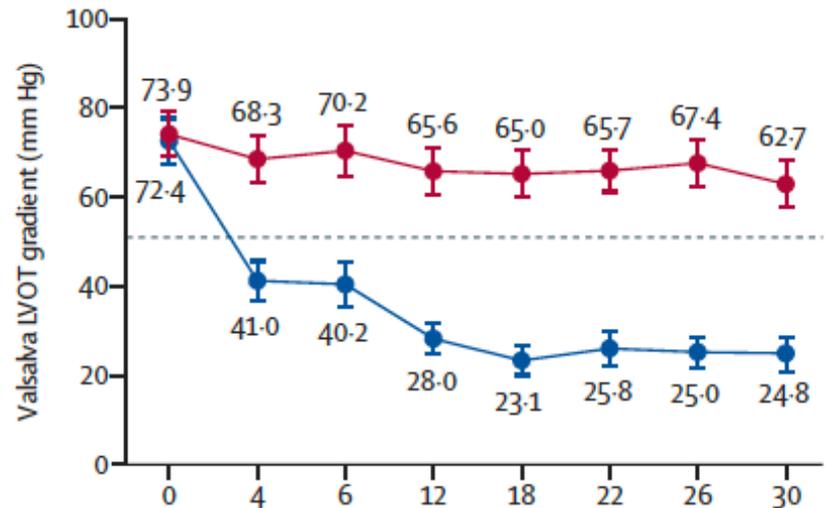
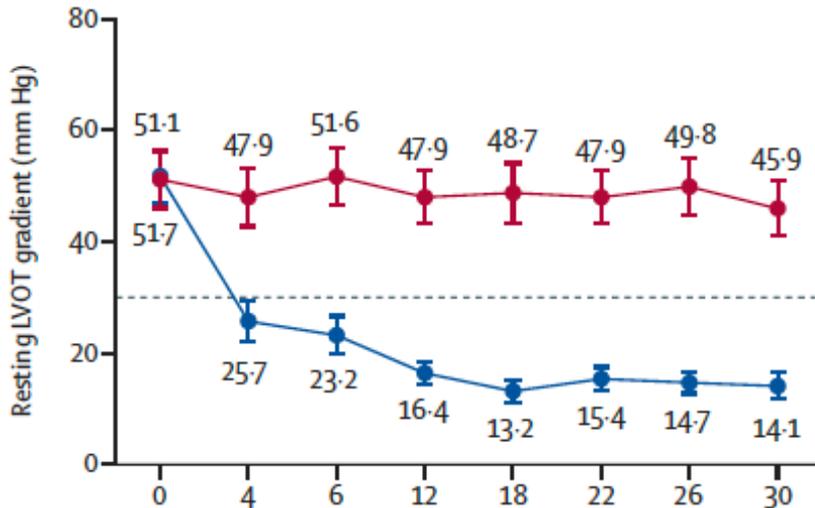
Suivi 30 semaines





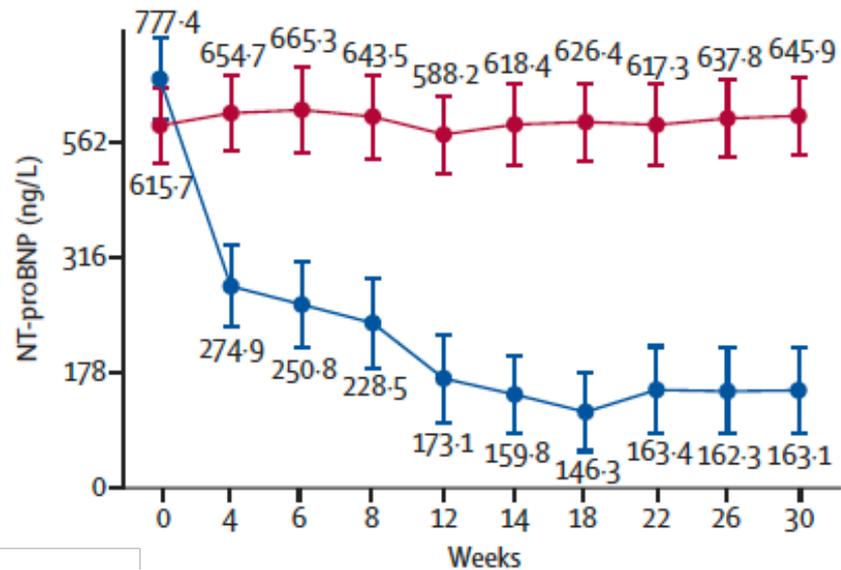
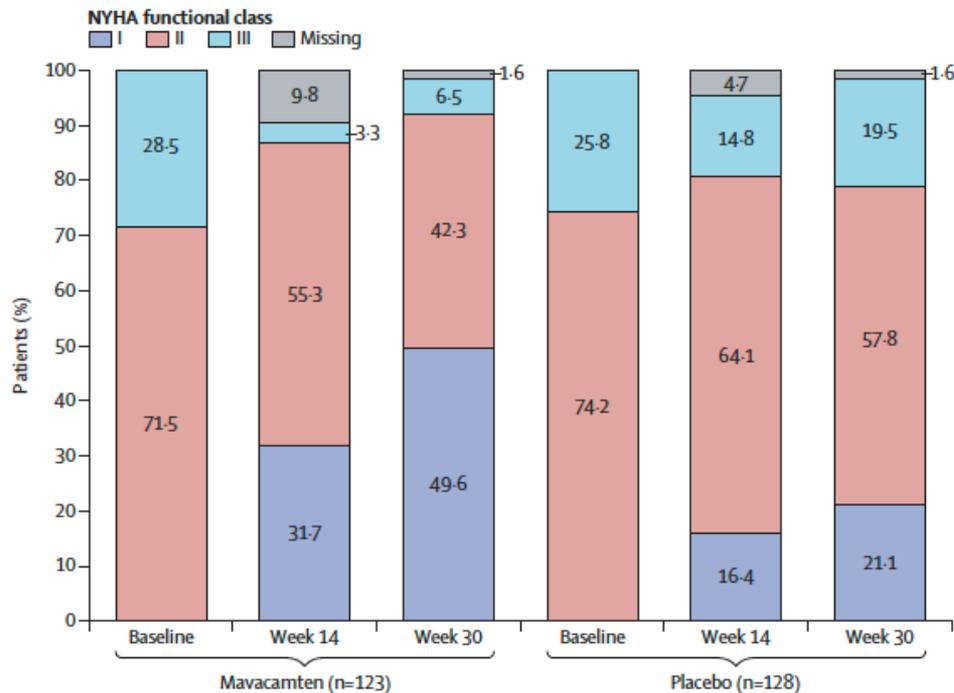
Mavacamten for treatment of symptomatic obstructive hypertrophic cardiomyopathy (EXPLORER-HCM): a randomised, double-blind, placebo-controlled, phase 3 trial

37% des patients sous mavacamten contre 17% sous placebo ont atteint le critère primaire (différence +19,4%, IC95% 8,7 to 30,1; p=0,0005)



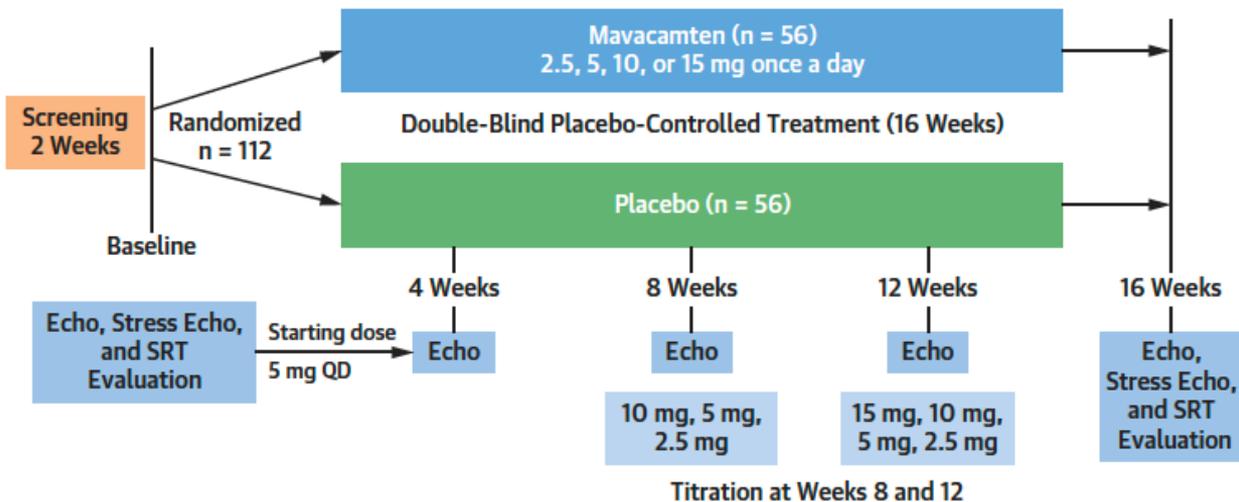


Mavacamten for treatment of symptomatic obstructive hypertrophic cardiomyopathy (EXPLORER-HCM): a randomised, double-blind, placebo-controlled, phase 3 trial

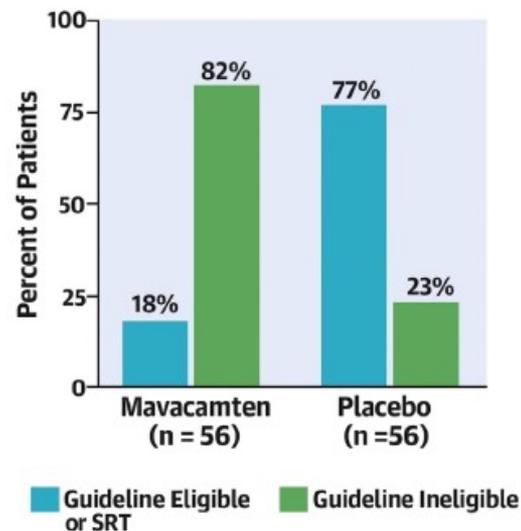




Myosin Inhibition in Patients With Obstructive Hypertrophic Cardiomyopathy Referred for Septal Reduction Therapy



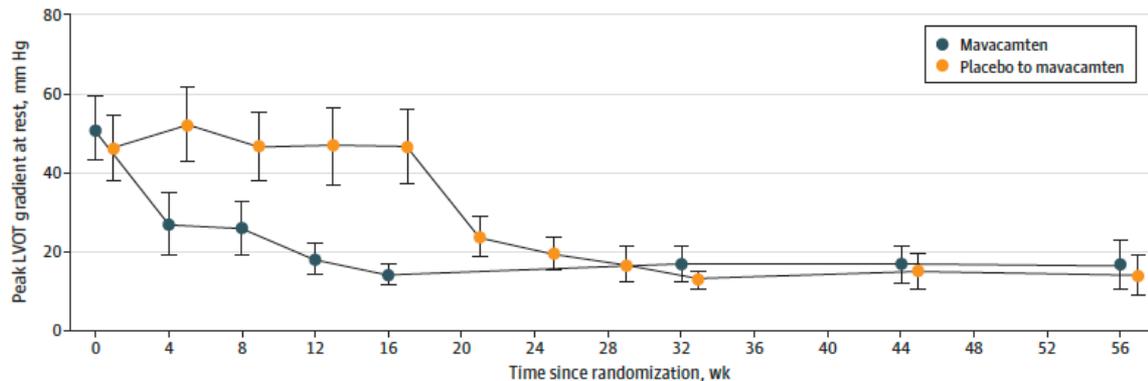
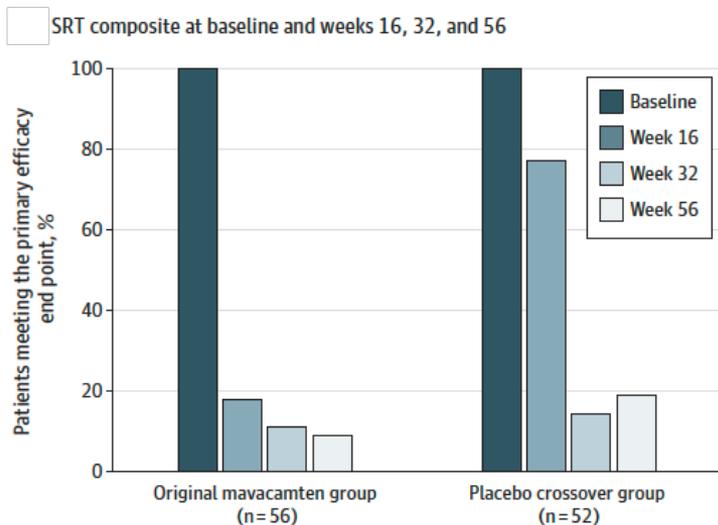
Patients Who Underwent SRT or Remained Guideline Eligible for SRT





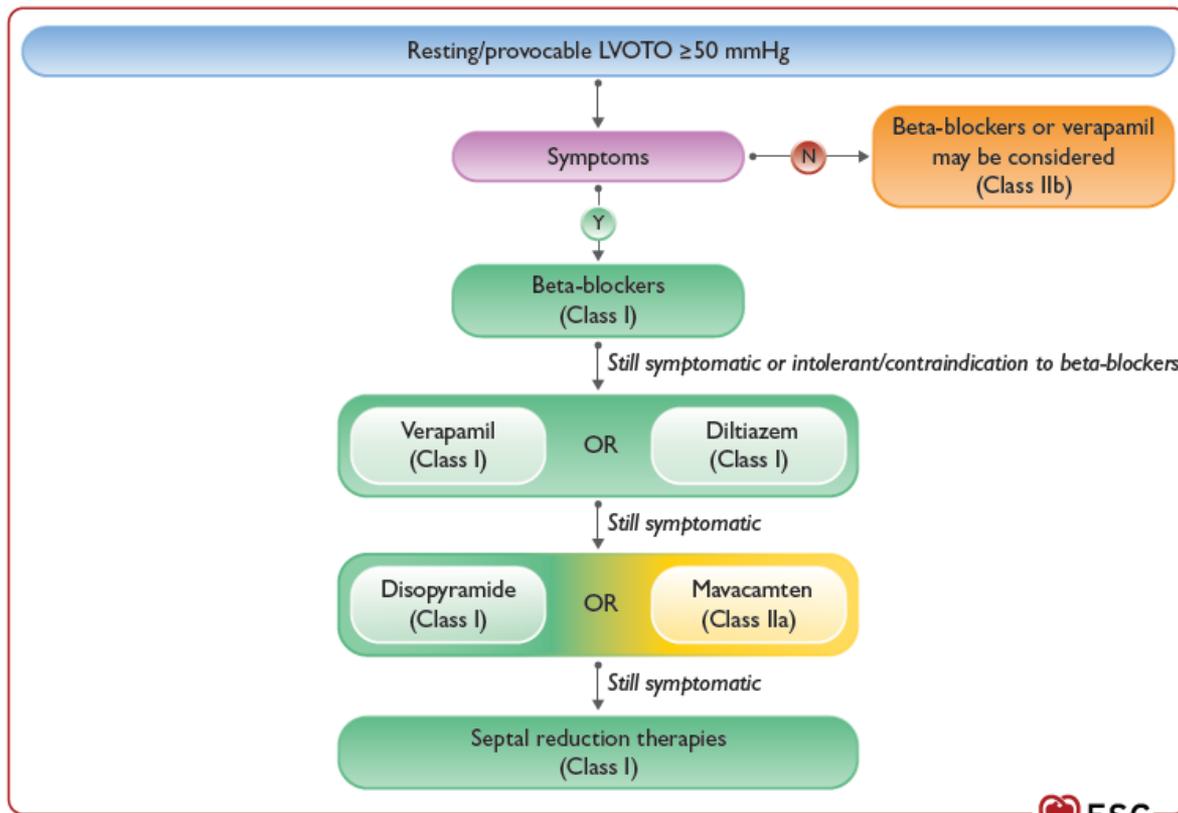
Mavacamten in Patients With Hypertrophic Cardiomyopathy Referred for Septal Reduction

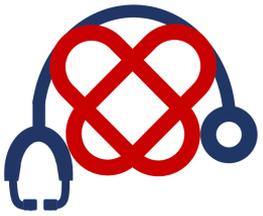
Week 56 Results From the VALOR-HCM Randomized Clinical Trial



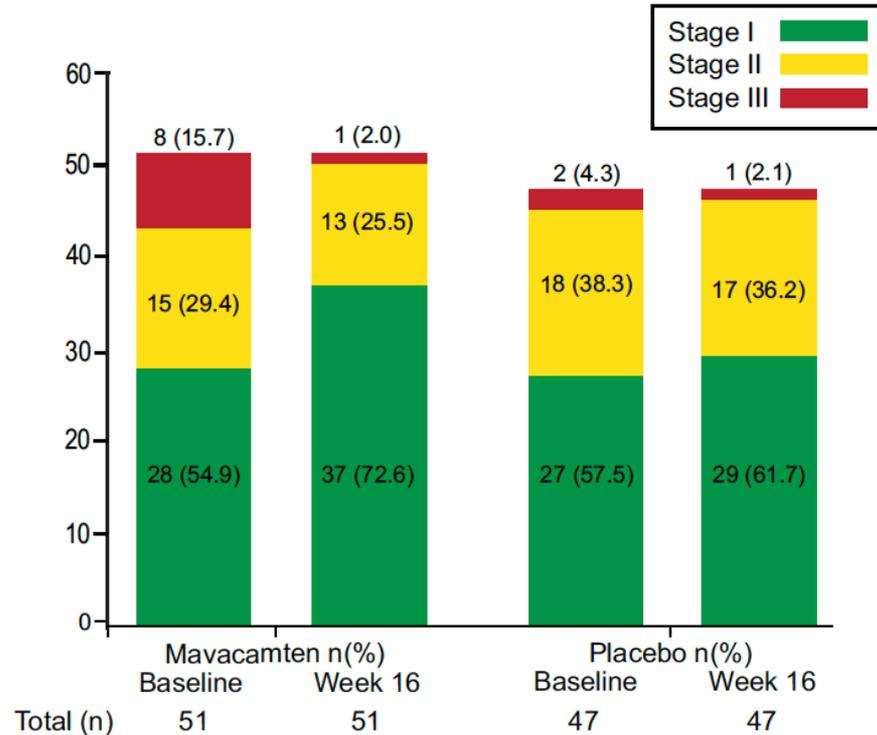


2023 ESC Guidelines for the management of cardiomyopathies



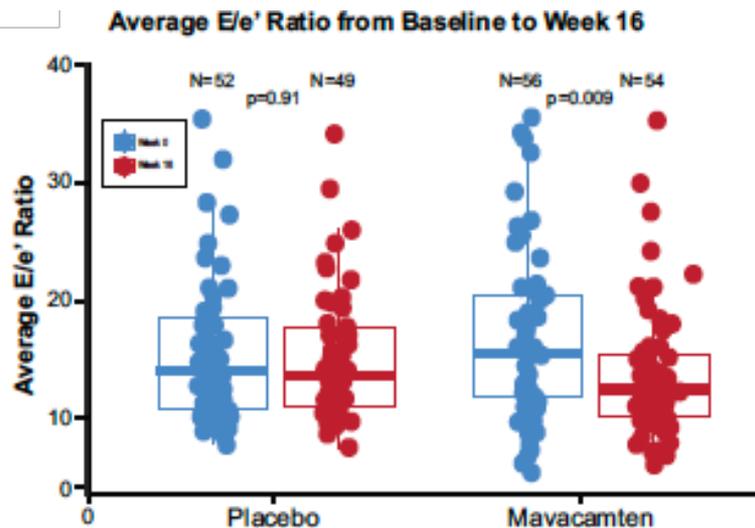
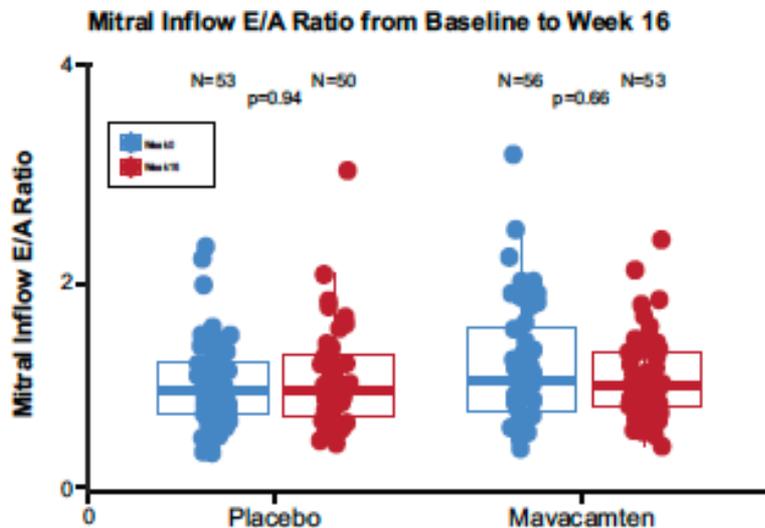


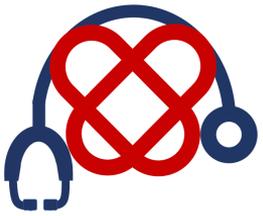
Myosin Inhibition and Left Ventricular Diastolic Function in Patients With Obstructive Hypertrophic Cardiomyopathy Referred for Septal Reduction Therapy: Insights From the VALOR-HCM Study





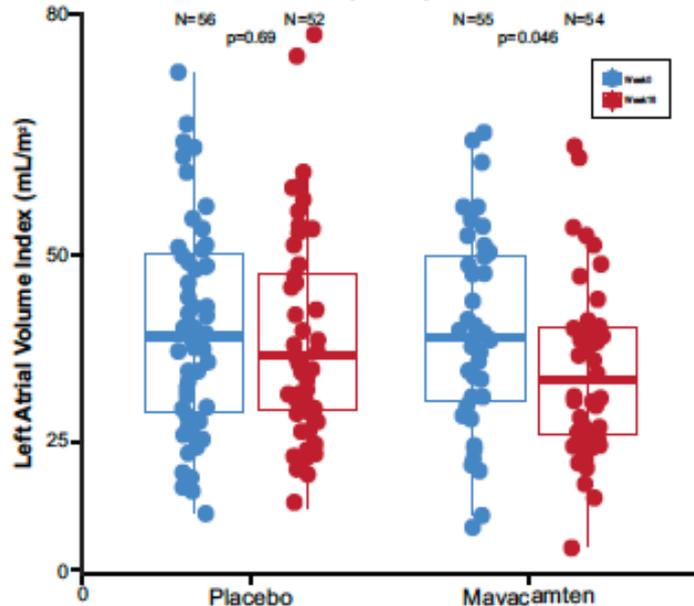
Myosin Inhibition and Left Ventricular Diastolic Function in Patients With Obstructive Hypertrophic Cardiomyopathy Referred for Septal Reduction Therapy: Insights From the VALOR-HCM Study



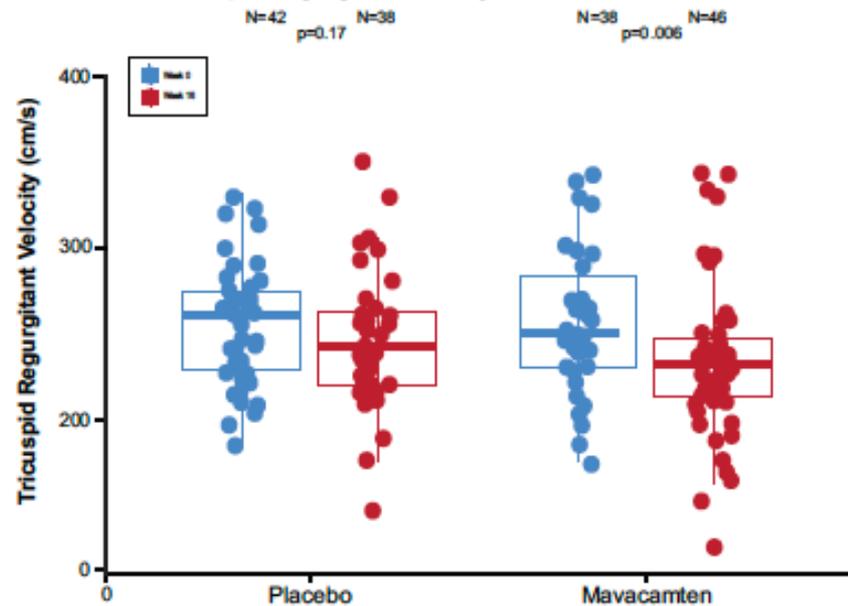


Myosin Inhibition and Left Ventricular Diastolic Function in Patients With Obstructive Hypertrophic Cardiomyopathy Referred for Septal Reduction Therapy: Insights From the VALOR-HCM Study

Left Atrial Volume Index (mL/m²) from Baseline to Week 16

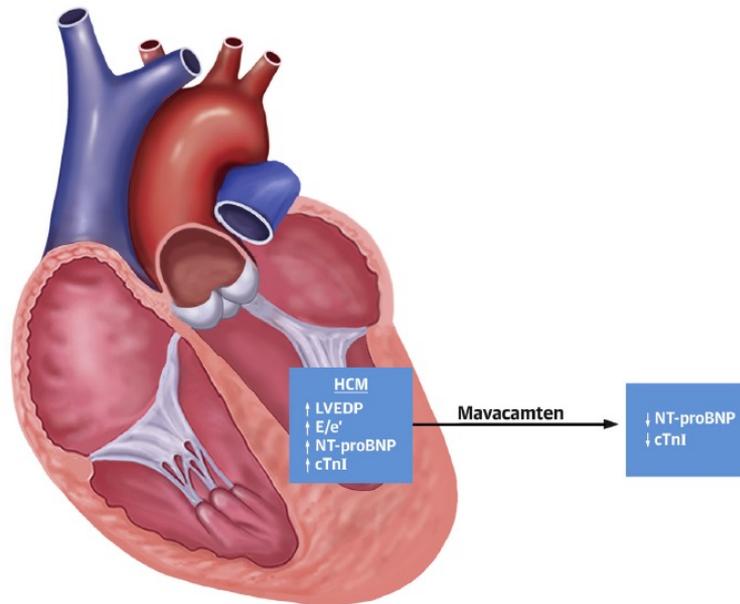
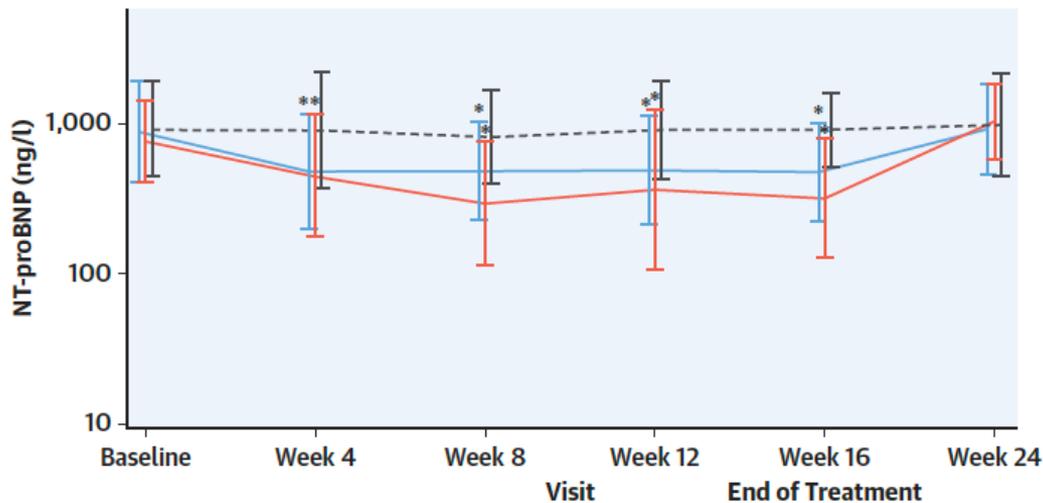


Tricuspid Regurgitant Velocity from Baseline to Week 16



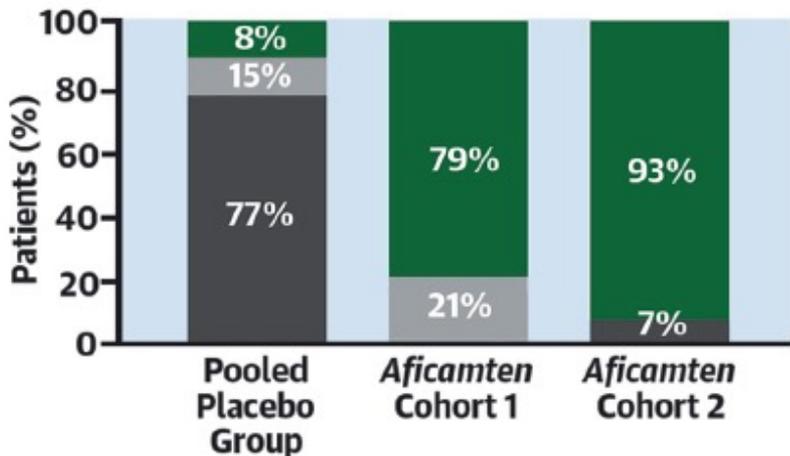


Evaluation of Mavacamten in Symptomatic Patients With Nonobstructive Hypertrophic Cardiomyopathy



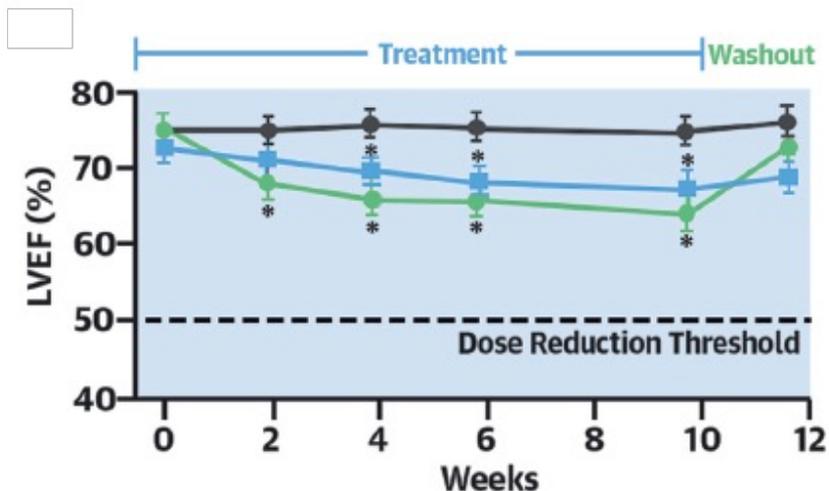


Phase 2 Study of Aficamten in Patients With Obstructive Hypertrophic Cardiomyopathy



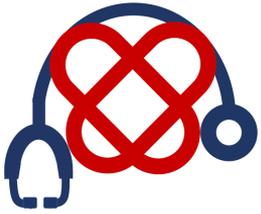
Panel C Key:

- Complete: Resting LVOT-G <30 + Valsalva LVOT-G <50 mm Hg
- Partial: Resting LVOT-G <30 + Valsalva LVOT-G ≥50 mm Hg
- None: Resting LVOT-G ≥30 + Valsalva LVOT-G ≥50 mm Hg



Panel A, B, and D Key:

- Pooled placebo group (n = 13)
- Aficamten cohort 1 (n = 14)
- Aficamten cohort 2 (n = 14)



ÉTUDES EN COURS

Aficamten

Modulateur de la β -myosine cardiaque

CY 6031 Study Will Evaluate the Effects of Treatment With Aficamten (CK-3773274) Over a 24-week Period on Cardiopulmonary Exercise Capacity and Health Status in Patients With Symptomatic oHCM (SEQUOIA-HCM)

ClinicalTrials.gov Identifier: NCT05186818

Recruitment Status ⓘ : Recruiting

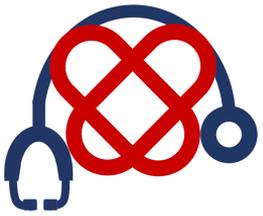
First Posted ⓘ : January 11, 2022

Last Update Posted ⓘ : January 9, 2023



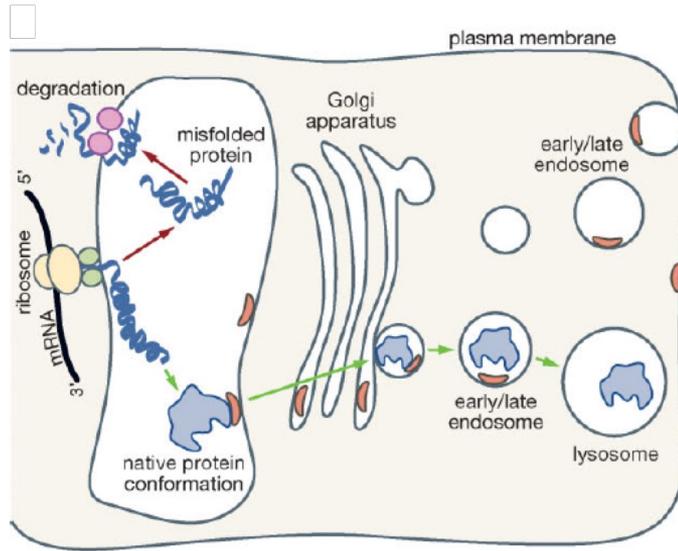
MALADIE DE FABRY



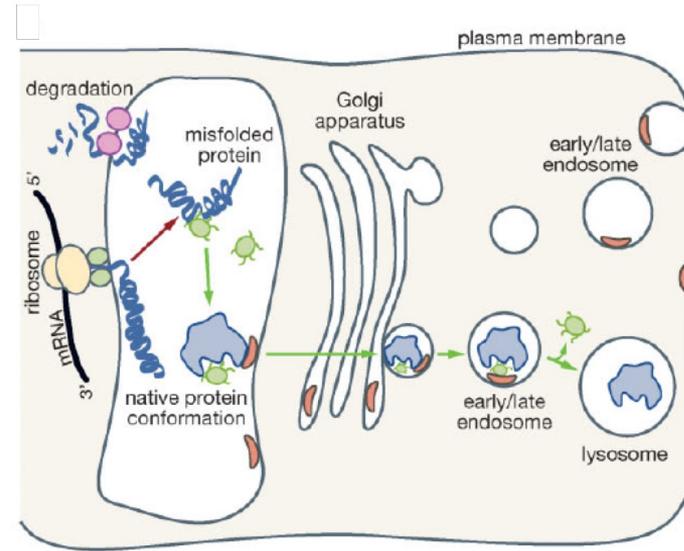


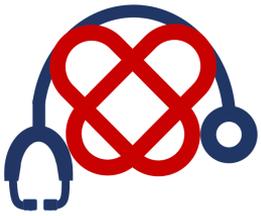
MALADIE DE FABRY

Enzymothérapie de substitution :
apport exogène pour tous les patients



Molécule chaperon :
restauration de l'activité endogène
chez les patients avec mutations sensibles



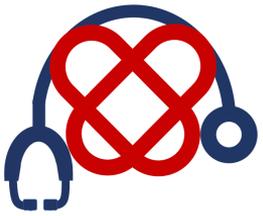


Oral pharmacological chaperone migalastat compared with enzyme replacement therapy in Fabry disease: 18-month results from the randomised phase III ATTRACT study

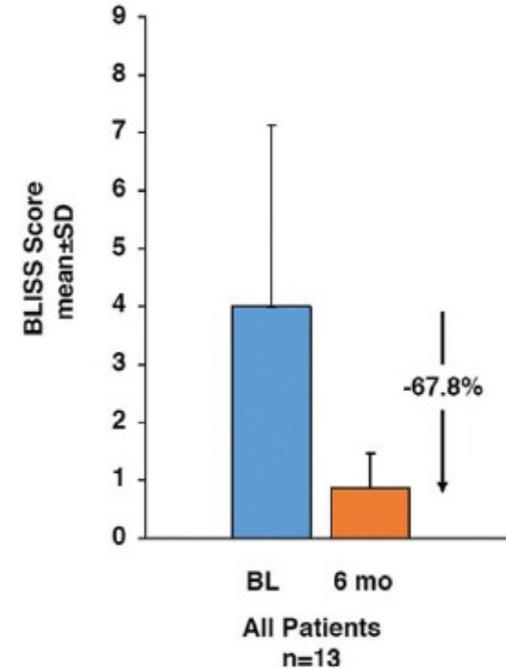
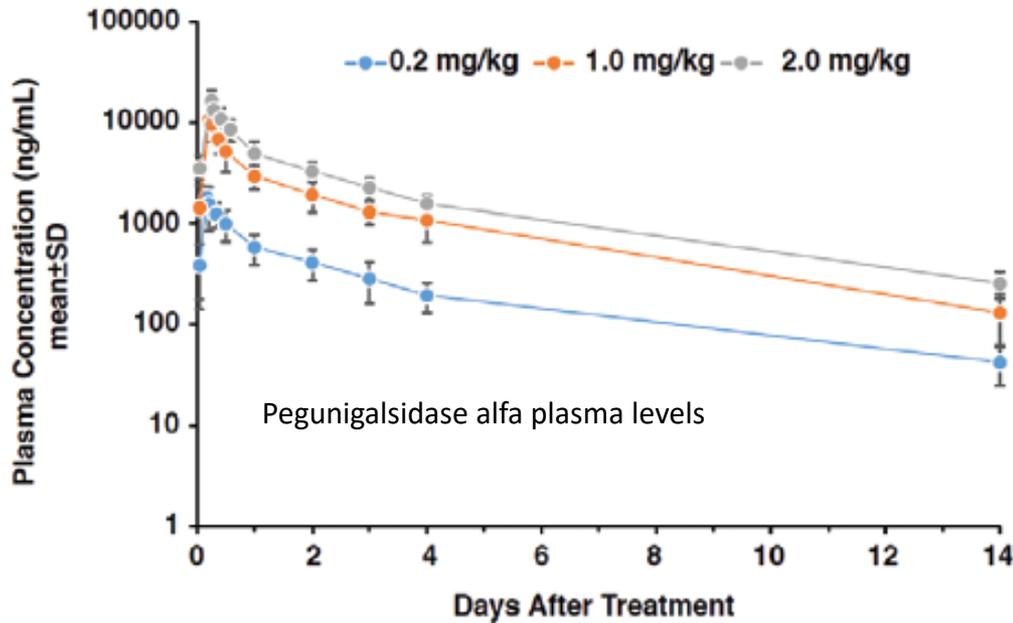
52 patients (34 dans le groupe migalastat et 18 dans le groupe enzymothérapie substitutive)
 Critère principal : masse ventriculaire gauche indexée mesurée en ETT
 Suivi 18 mois

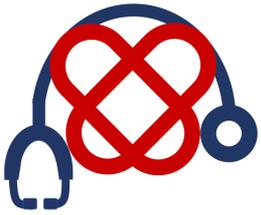
Parameter	Baseline mean	Change from baseline to month 18 (95% CI)
Migalastat: LVMI (g/m²)		
All (n=33) (% abnormal)	95.3 (39)	-6.6 (-11.0 to -2.2)*
LVHt at baseline (9 females and 4 males)	116.7	-8.4 (-15.7 to 2.6)
ERT: LVMI (g/m²)		
All (n=16) (% abnormal)	92.9 (31)	-2.0 (-11.0 to 7-0)
LVHt at baseline (n=5) (1 female and 4 males)	123.3 (100%)	4.5 (-20.9 to 30.0)

Component	Composite clinical outcome: number of patients (mITT population)	
	Migalastat (n=34)	ERT (n=18)
Renal	8 (24%) ↑Proteinuria (6), ↓GFR (2)	6 (33%) ↑Proteinuria (4), ↓GFR (3)
Cardiac	2 (6%) Chest pain, VT/chest pain	3 (17%) Cardiac failure, dyspnoea, arrhythmia
CNS	0 (0%)	1 (6%) TIA
Death	0 (0%)	0 (0%)
Any	10 (29%)	8 (44%)



Pegunigalsidase alfa, a novel PEGylated enzyme replacement therapy for Fabry disease, provides sustained plasma concentrations and favorable pharmacodynamics: A 1-year Phase 1/2 clinical trial





ÉTUDES EN COURS

Pegunigalsidase

Enzymothérapie substitutive végétale

Extension Study of 1 mg/kg Pegunigalsidase Alfa in Patients With Fabry Disease

ClinicalTrials.gov Identifier: NCT03566017

[Recruitment Status](#) ⓘ : Enrolling by invitation

[First Posted](#) ⓘ : June 21, 2018

[Last Update Posted](#) ⓘ : February 21, 2022

Lucerastat

Enzymothérapie substitutive orale

Efficacy and Safety of Lucerastat Oral Monotherapy in Adult Subjects With Fabry Disease (MODIFY)

ClinicalTrials.gov Identifier: NCT03425539

[Recruitment Status](#) ⓘ : Completed

[First Posted](#) ⓘ : February 7, 2018

[Last Update Posted](#) ⓘ : October 29, 2021

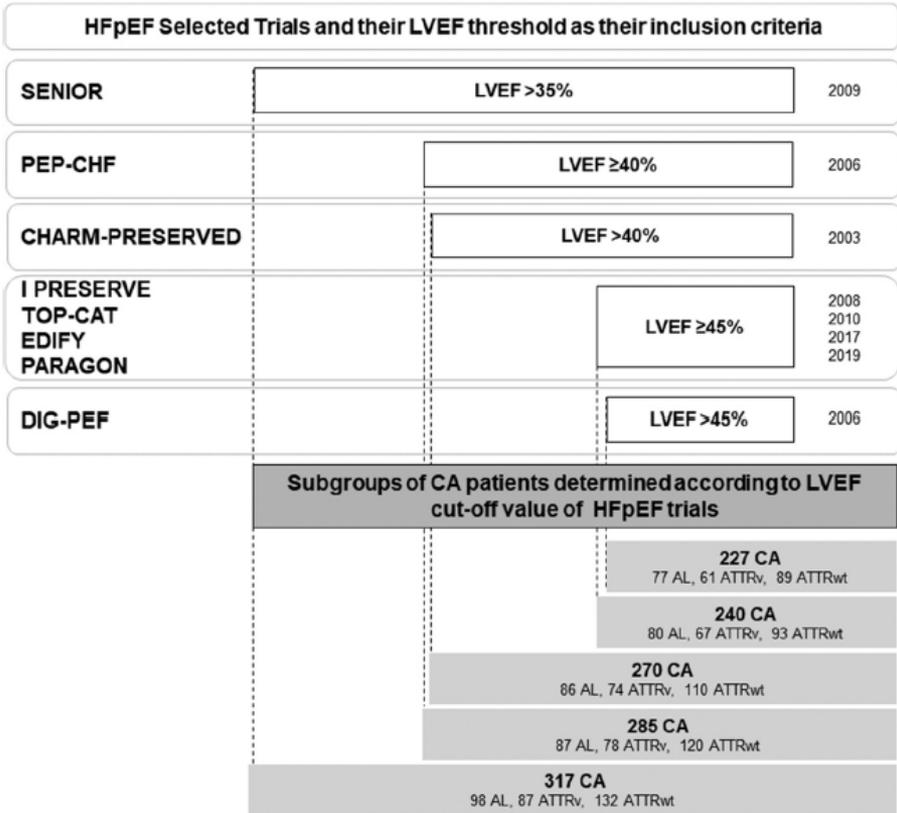


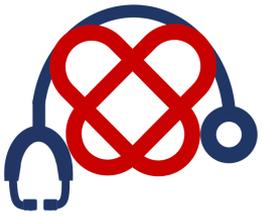
AMYLOSE À TRANSTHYRÉTINE



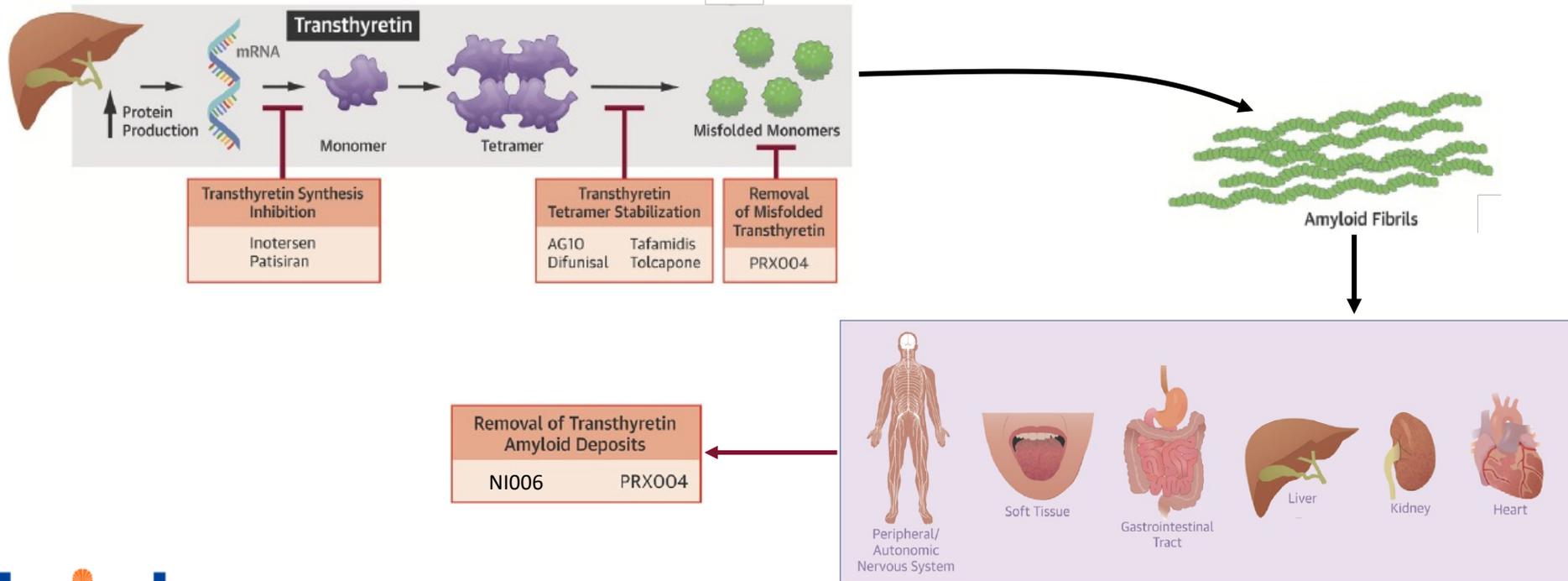


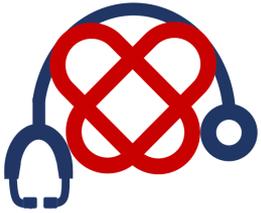
The Impact of Patients With Cardiac Amyloidosis in HFpEF Trials





AMYLOSE CARDIAQUE À TRANSTHYRÉTINE

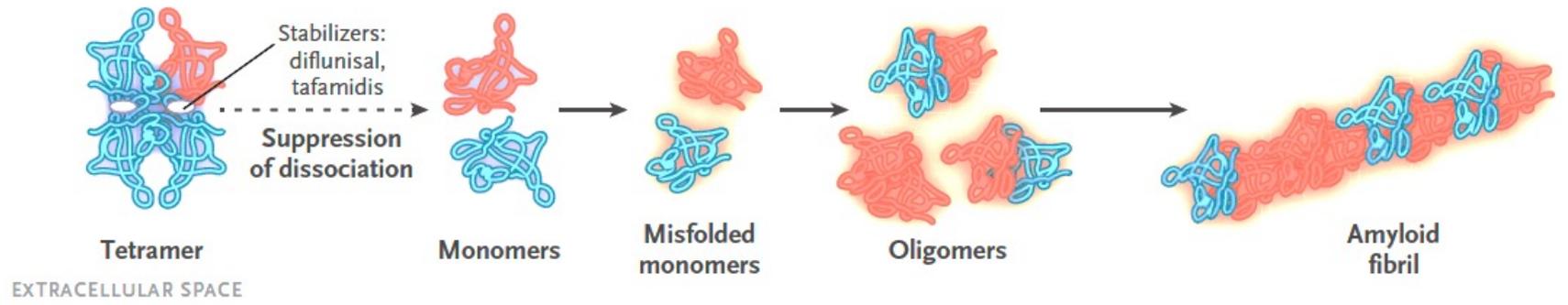


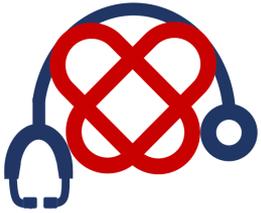


STABILISATEURS DU TÉTRAMÈRE

Tafamidis

Stabilisateur du tétramère



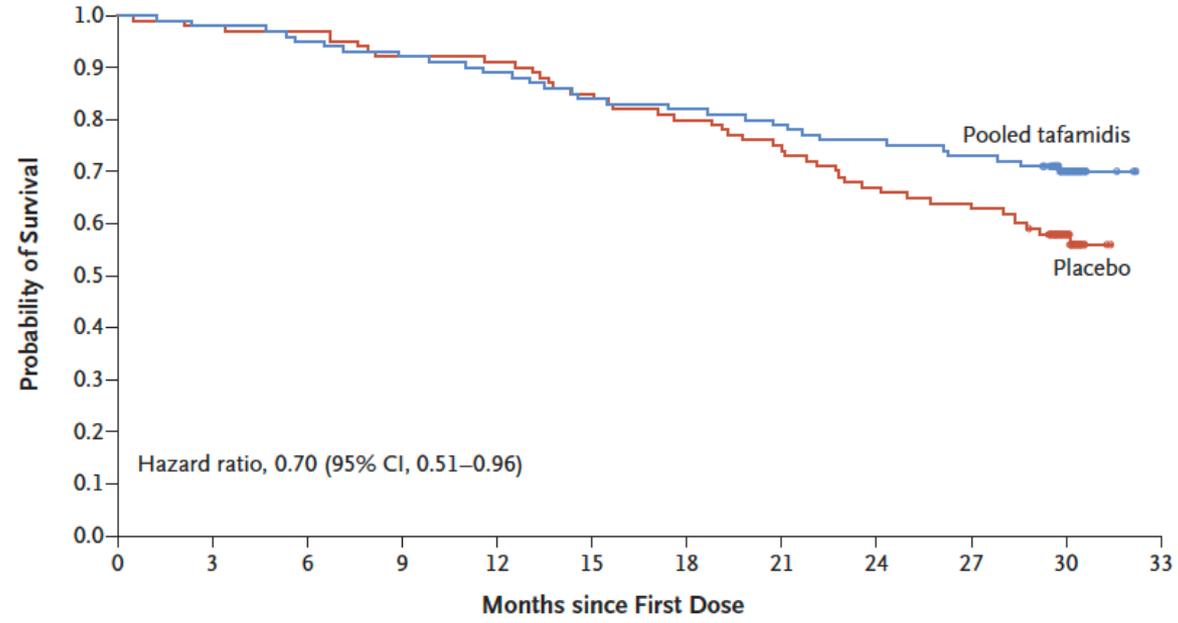


Tafamidis Treatment for Patients with Transthyretin Amyloid Cardiomyopathy

441 patients

Critère principal : mortalité et hospitalisations pour insuffisance cardiaque

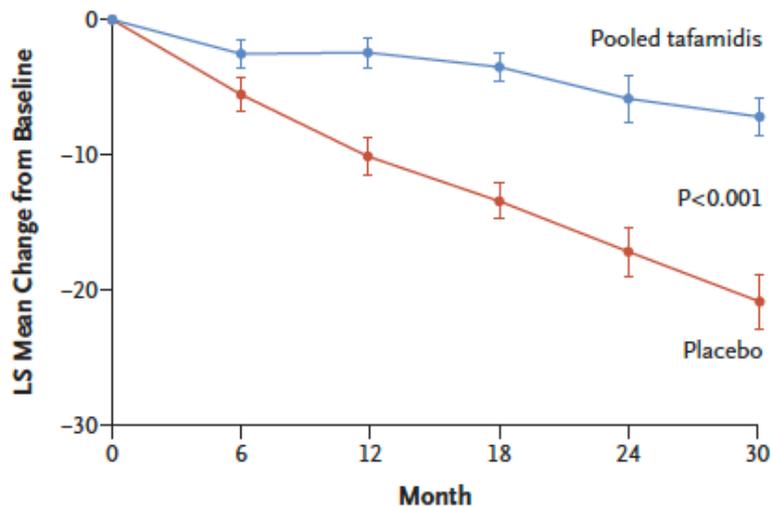
Suivi 30 mois



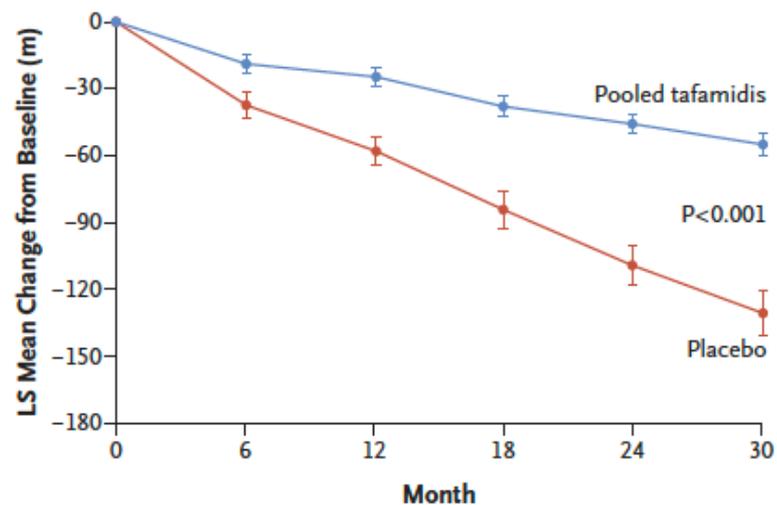


Tafamidis Treatment for Patients with Transthyretin Amyloid Cardiomyopathy

Change from Baseline in KCCQ-OS



Change from Baseline in 6-Minute Walk Test

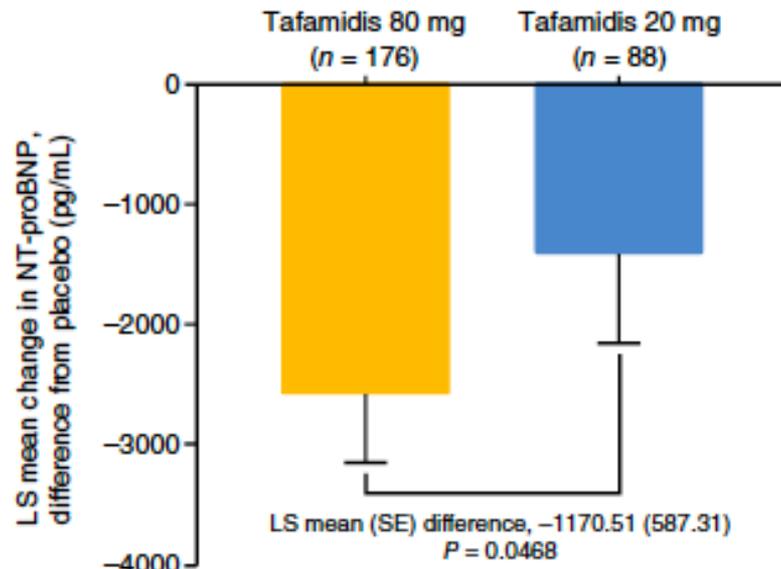
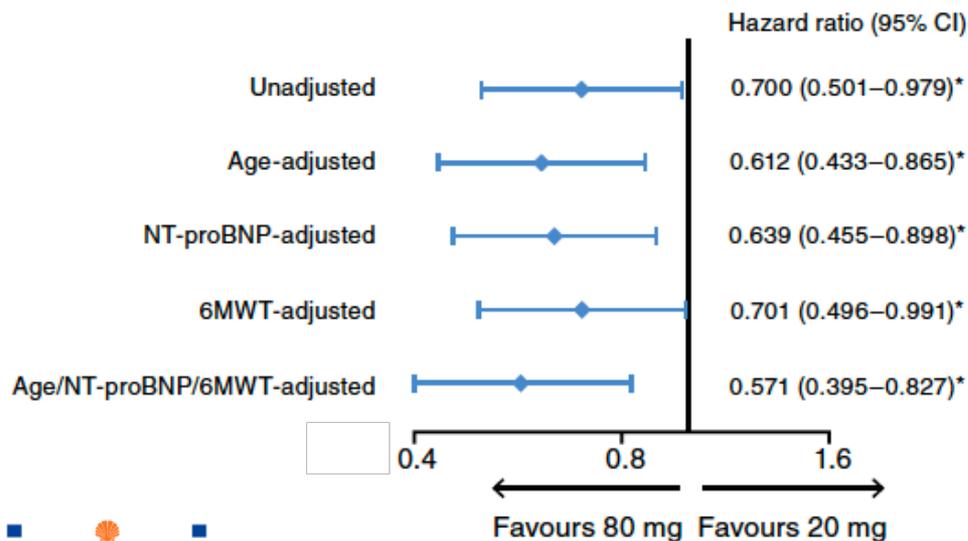


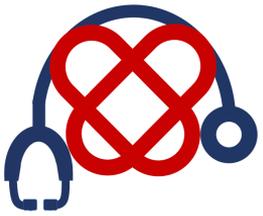


Efficacy and safety of tafamidis doses in the Tafamidis in Transthyretin Cardiomyopathy Clinical Trial (ATTR-ACT) and long-term extension study

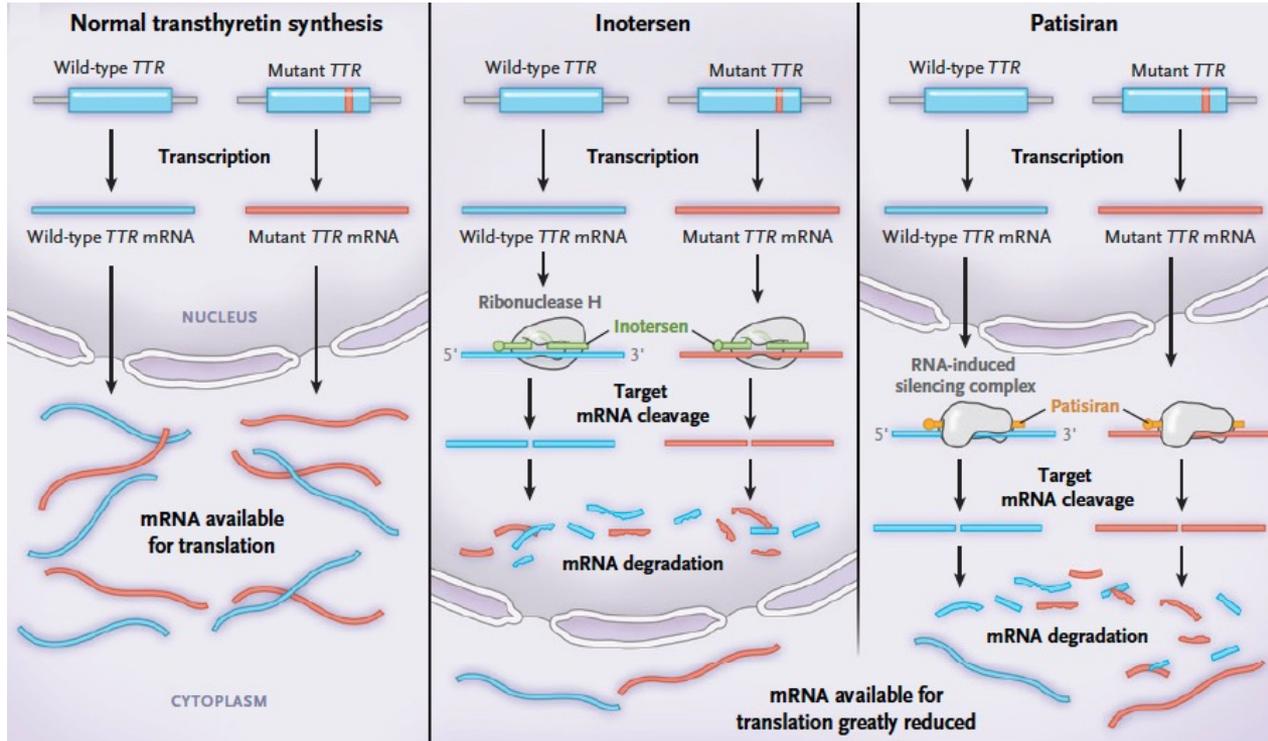
Mortalité totale

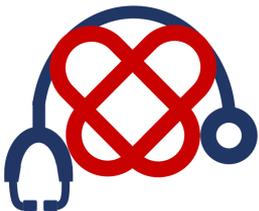
ATTR-ACT combined with LTE
median follow-up 51 months





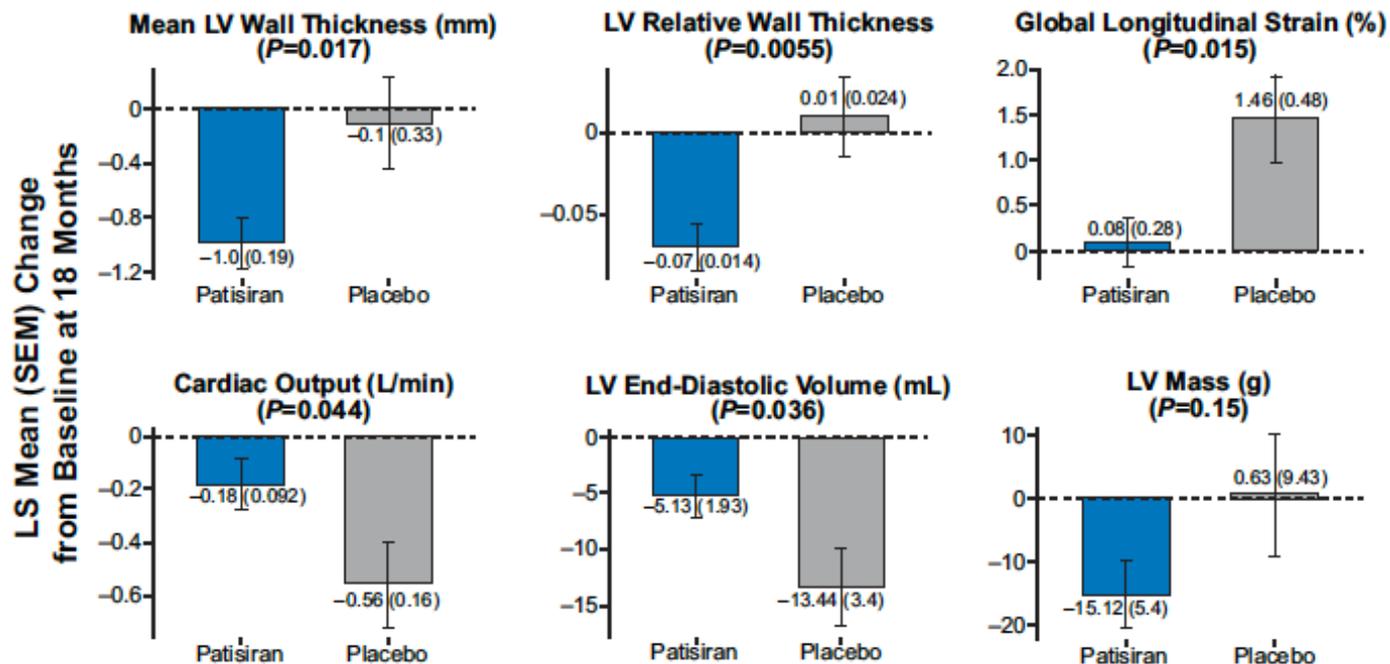
OLIGONUCLÉOTIDES





Effects of Patisiran, an RNA Interference Therapeutic, on Cardiac Parameters in Patients With Hereditary Transthyretin-Mediated Amyloidosis

Analysis of the APOLLO Study



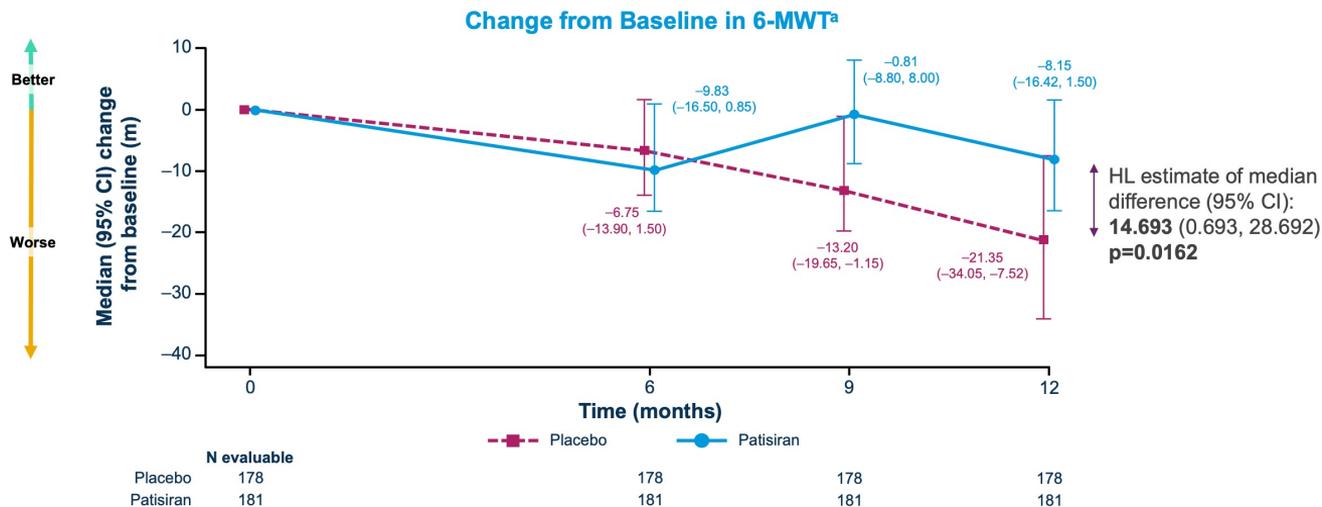


Alnylam Reports Positive Topline Results from APOLLO-B Phase 3 Study of Patisiran in Patients with ATTR Amyloidosis with Cardiomyopathy

360 patients : 181 dans le bras Patisiran et 179 dans le bras placebo

Suivi : 12 mois

Primary Endpoint: Patisiran Demonstrated Significant Clinical Benefit in Functional Capacity (6-MWT) Compared to Placebo at Month 12



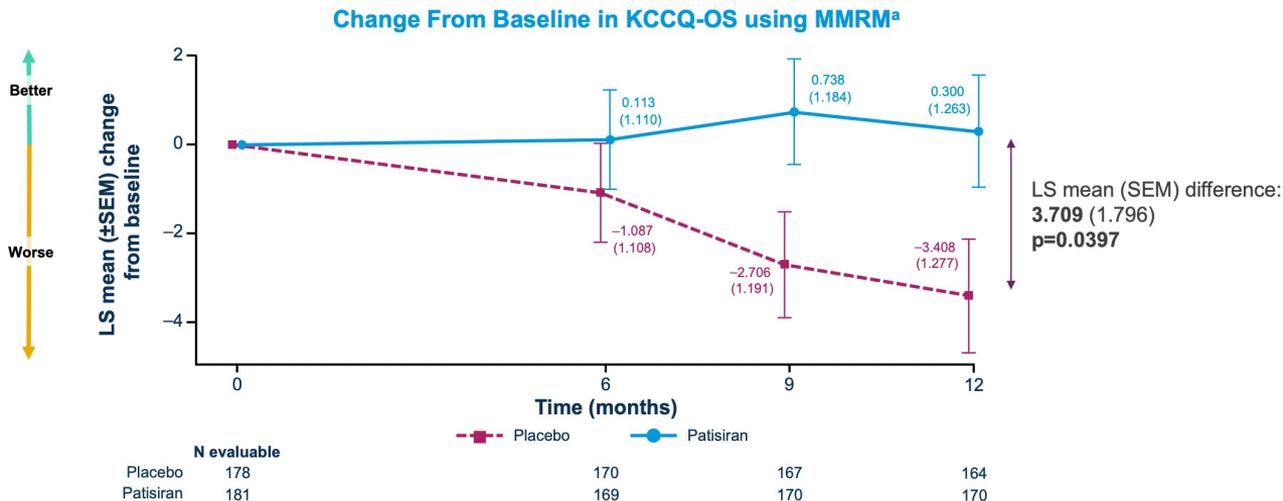


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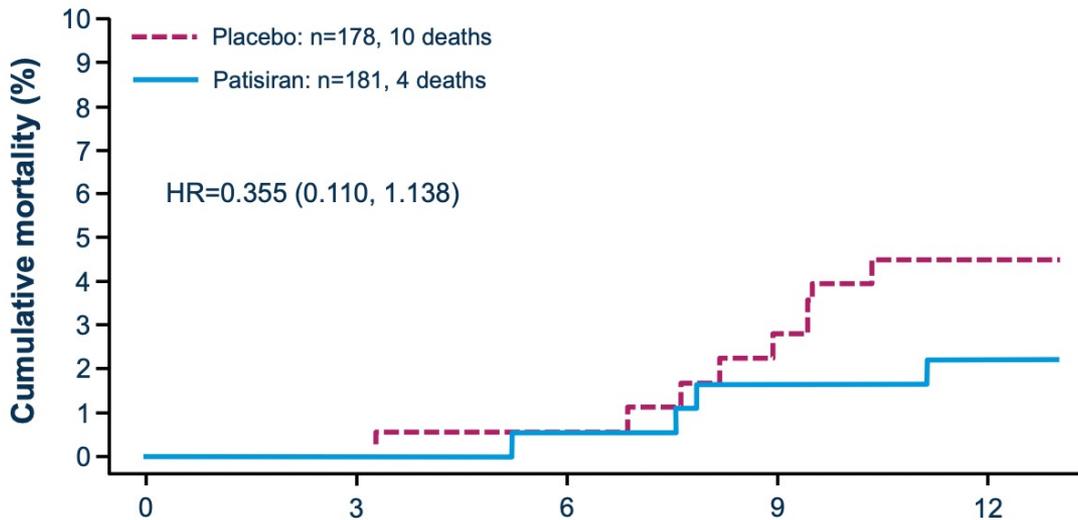
Secondary Endpoint: Patisiran Demonstrated Significant Clinical Benefit in Health Status and Quality of Life (KCCQ-OS) Compared to Placebo at Month 12





Alnylam Reports Positive Topline Results from APOLLO-B Phase 3 Study of Patisiran in Patients with ATTR Amyloidosis with Cardiomyopathy

All-Cause Mortality During the 12-Month Double-Blind Period^{a,b}



N at risk (deaths)		Time on study (months)			
	0	3	6	9	12
Placebo	178 (0)	178 (0)	177 (1)	173 (5)	170 (8)
Patisiran	181 (0)	181 (0)	180 (1)	178 (3)	176 (4)



ÉTUDES EN COURS

Vutrisiran

ARN interférent

HELIOS-B: A Study to Evaluate Vutrisiran in Patients With Transthyretin Amyloidosis With Cardiomyopathy

ClinicalTrials.gov Identifier: NCT04153149

[Recruitment Status ⓘ](#) : Active, not recruiting

[First Posted ⓘ](#) : November 6, 2019

[Last Update Posted ⓘ](#) : March 8, 2022

Eplontersen

ARN anti-sens

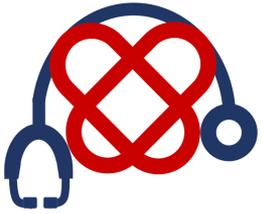
24 Month Open Label Study of the Tolerability and Efficacy of Inotersen in TTR Amyloid Cardiomyopathy Patients

ClinicalTrials.gov Identifier: NCT03702829

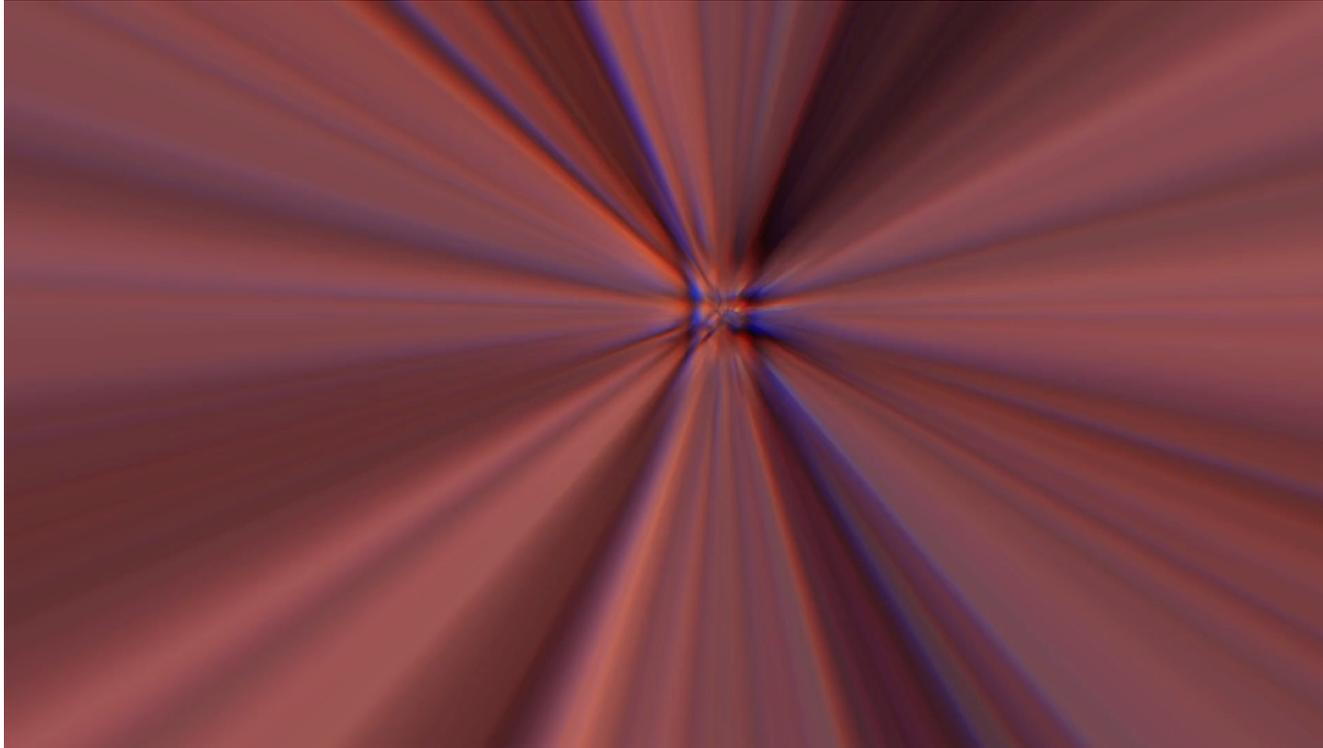
[Recruitment Status ⓘ](#) : Active, not recruiting

[First Posted ⓘ](#) : October 11, 2018

[Last Update Posted ⓘ](#) : December 7, 2020



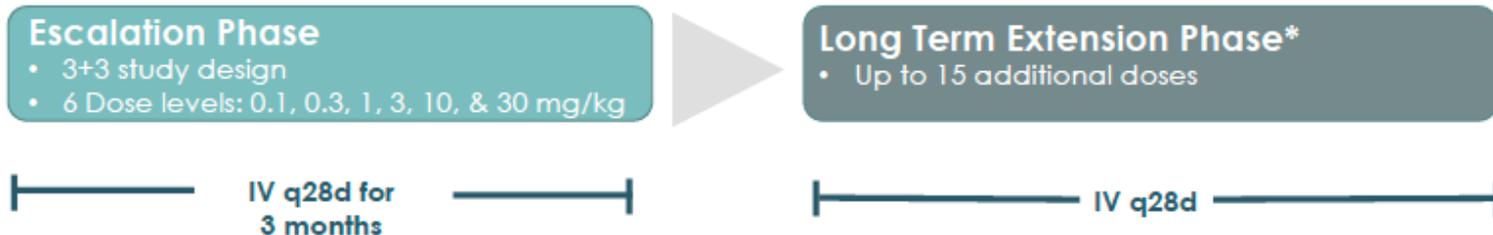
ANTICORPS MONOCLONAUX





PRX004, the First Investigational Anti-Amyloid Immunotherapy for the Treatment of ATTR Amyloidosis

9-month results from a Phase 1 long-term extension study



Primary Objectives:

- Evaluate safety, tolerability, PK and target engagement (misTTR assay)
- Determine MTD or RP2D(s)

Secondary Objective:

- Evaluate immunogenicity

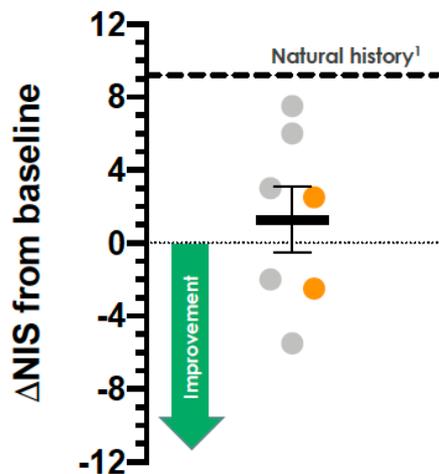
Exploratory Objective:

- Characterize efficacy (NIS) in patients with hATTR-PN with or without hATTR-CM (Cohorts 4-6)

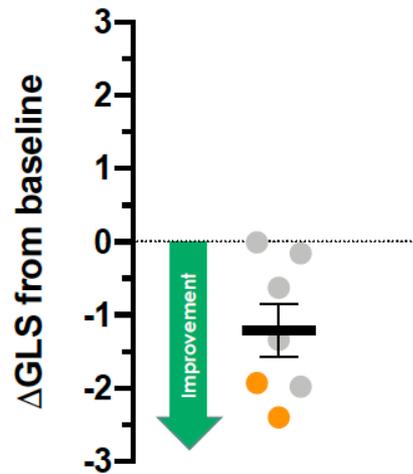


PRX004, the First Investigational Anti-Amyloid Immunotherapy for the Treatment of ATTR Amyloidosis

9-month results from a Phase 1 long-term extension study



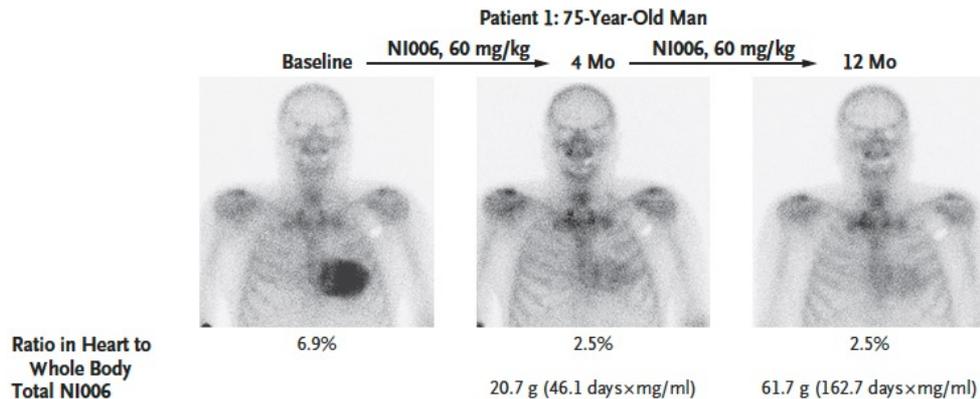
	PRX004 Phase 1	
	All	PRX004 Alone
ΔNIS mean* (n)	+1.29 (n=7)	0.00 (n=2)
Time point	9 months	



	PRX004 Phase 1	
	All	PRX004 Alone
ΔGLS mean* (n)	-1.21% (n=7)	-2.16% (n=2)
Time point	9 months	



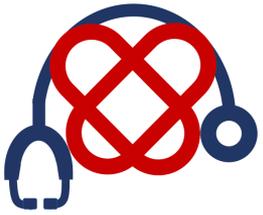
Phase 1 Trial of Antibody NI006 for Depletion of Cardiac Transthyretin Amyloid



Ratio in Heart to Whole Body Total NI006



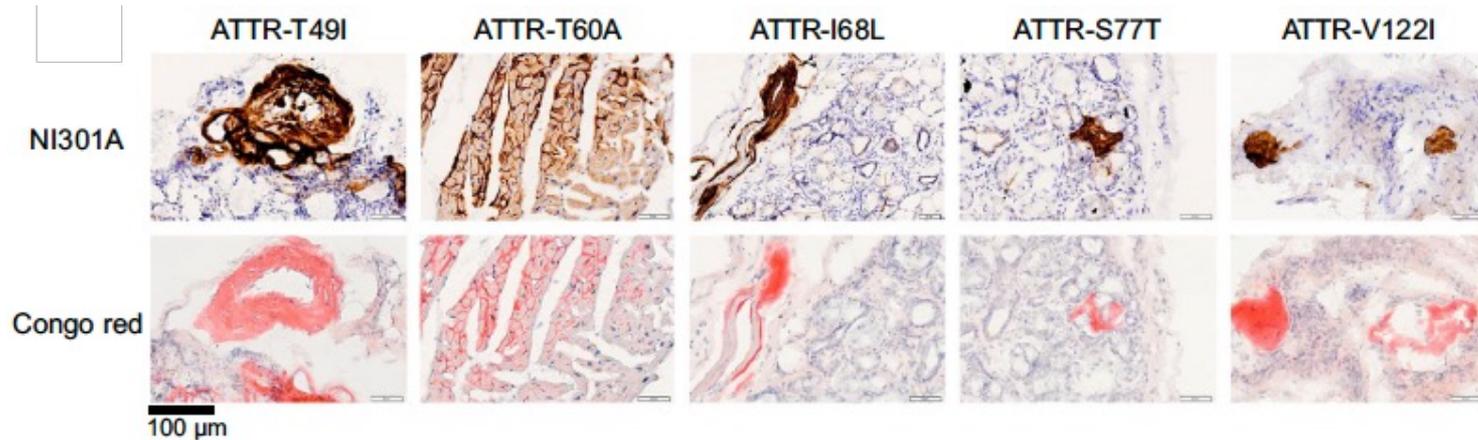
Ratio in Heart to Whole Body Total NI006

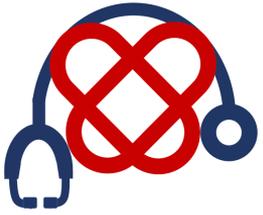


A human antibody selective for transthyretin amyloid removes cardiac amyloid through phagocytic immune cells

NI301A

Anticorps monoclonal anti-transthyrétine

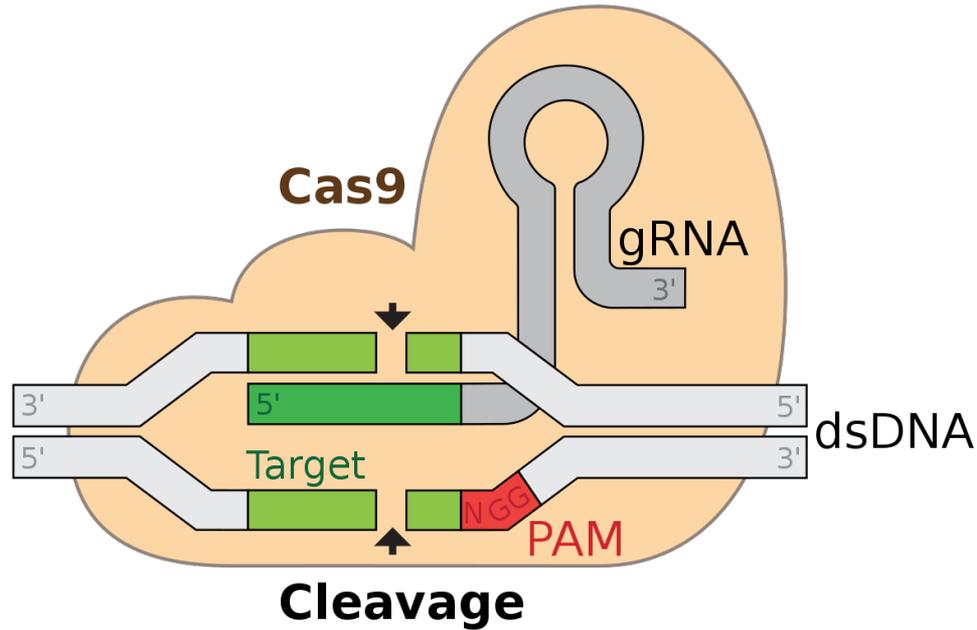


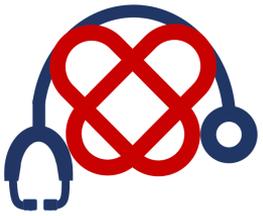


ÉDITION GÉNIQUE CRIPR-Cas9

NTLA-2001

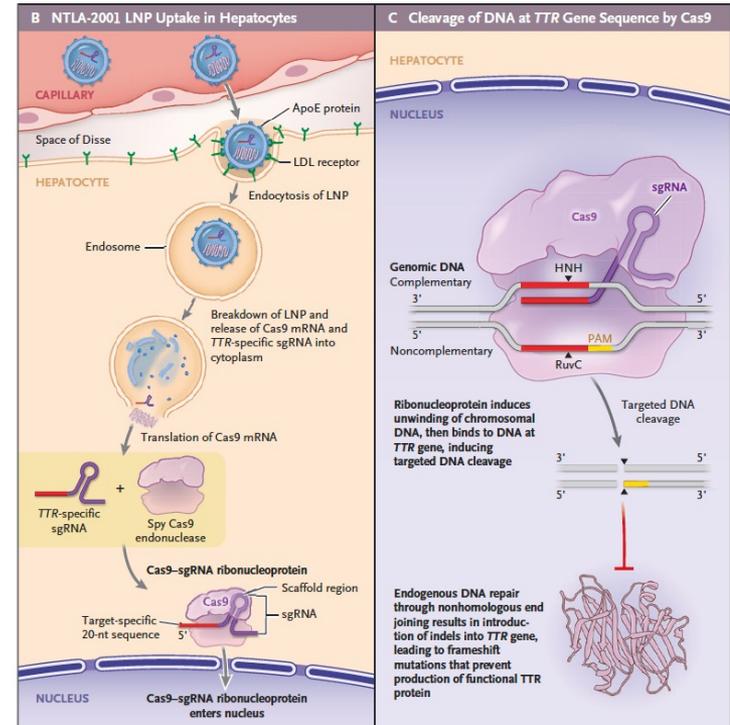
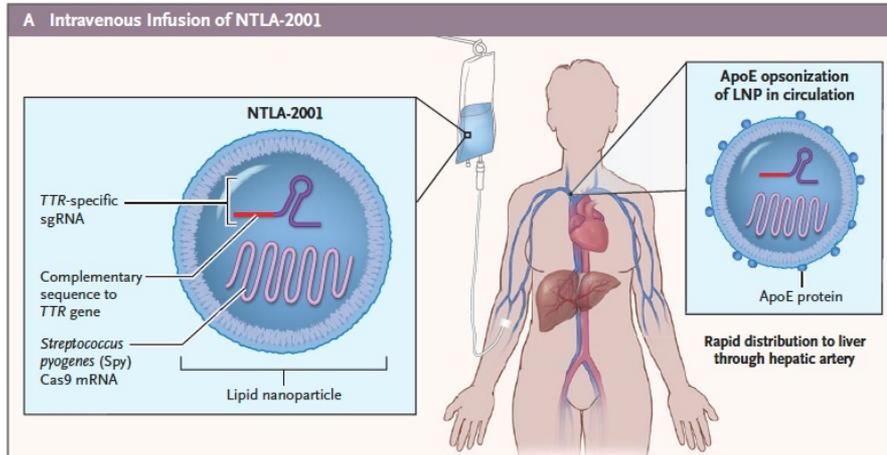
Suppression du gène de la transthyrétine

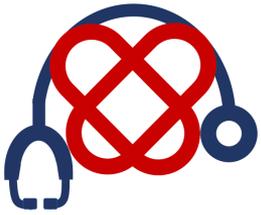




The NEW ENGLAND JOURNAL of MEDICINE

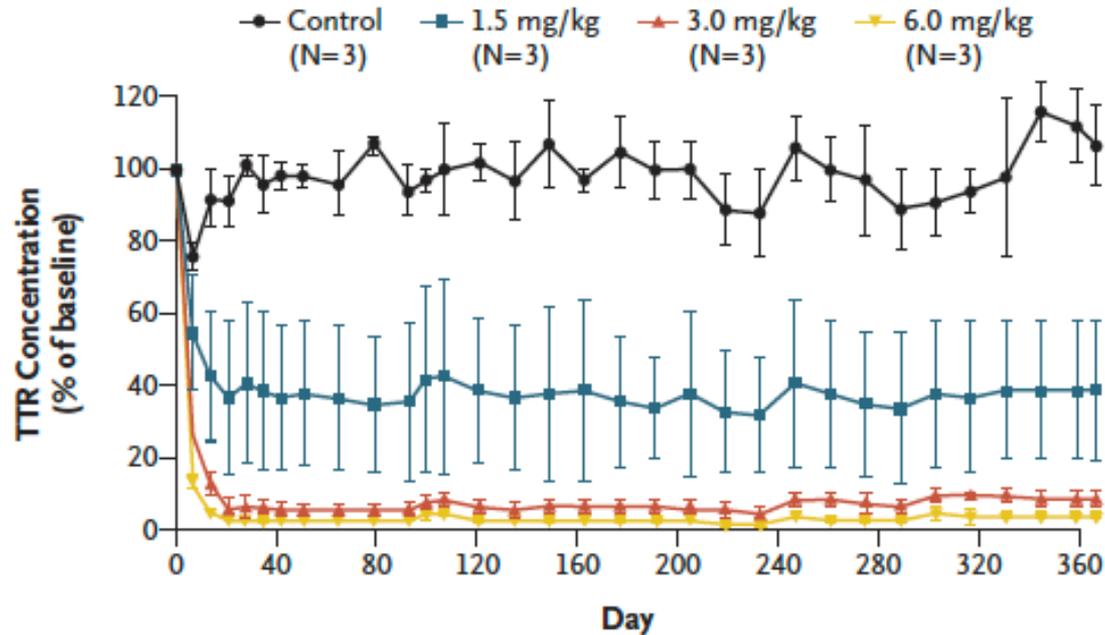
CRISPR-Cas9 In Vivo Gene Editing for Transthyretin Amyloidosis



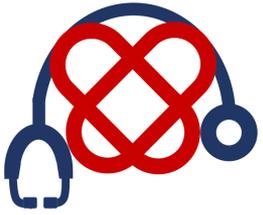


The NEW ENGLAND JOURNAL of MEDICINE

CRISPR-Cas9 In Vivo Gene Editing for Transthyretin Amyloidosis







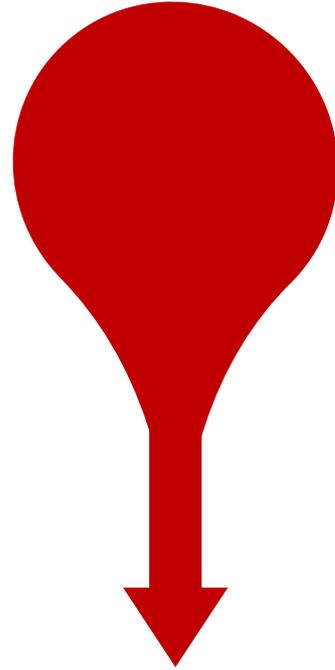
NOUVEAUX TRAITEMENTS DES CMH

Approche mécanistique

Approche phénotypique

Approche étiologique

Approche génétique ?



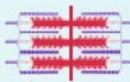


Genetic causes of HCM and specific treatments

Myosin modulators



Mavacamten
Aficamten



Sarcomeric
protein defects

**Hypertrophic
cardiomyopathy**

TTR synthesis suppressors

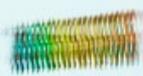


RNA silencing (siRNA, ASO)
Gene editing (CRISPR-Cas9)
NTLA2001

TTR stabilizers



Tafamidis, Diflunisal,
Acoramidis



Amyloid
extracellular
deposition

**ATTR
Amyloidosis**

Elimination of amyloid deposits



Antibodies (PRX004, NI006)

Enzyme replacement therapy



Agalsidase-beta
Agalsidase-alpha
Pegunigalsidase

Chaperone therapy



Migalastat

Substrate reduction therapy



Lucerastat

Gene therapy



Adenoviral, Lentiviral vectors



Intracellular
storage

**Storage
diseases**

Shared mechanisms



Myocyte
hypertrophy/
dysfunction



Microvascular
dysfunction



Fibrosis



Collagen
deposition
Interstitial
expansion



Cardio-renal
syndromes



Autophagy
impairment



Systemic and
myocardial
inflammation



Metabolic
impairment



Secondary
protein
derangement