

# 2025 ASH Guideline on Diagnosis of Light Chain Amyloidosis

## Visual Summary of Recommendations



of symptoms suggesting amyloidosis, to confirmation of diag  
**Hematologist**

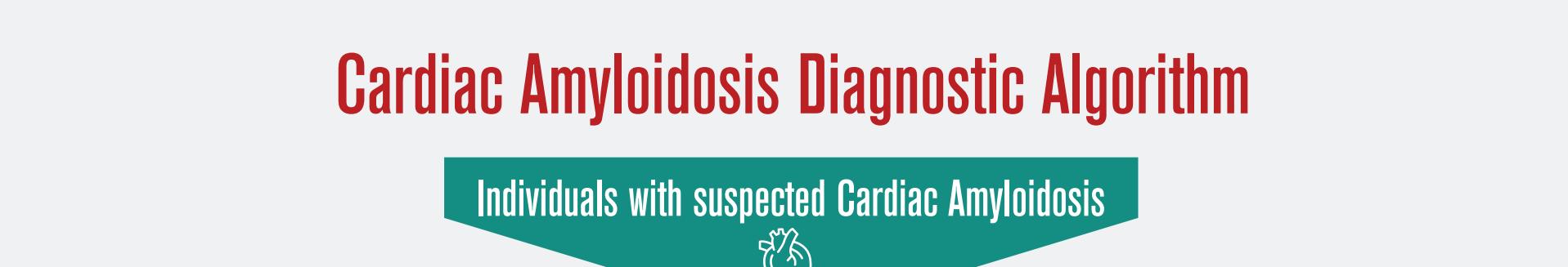


## Red Flag Signs & Symptoms

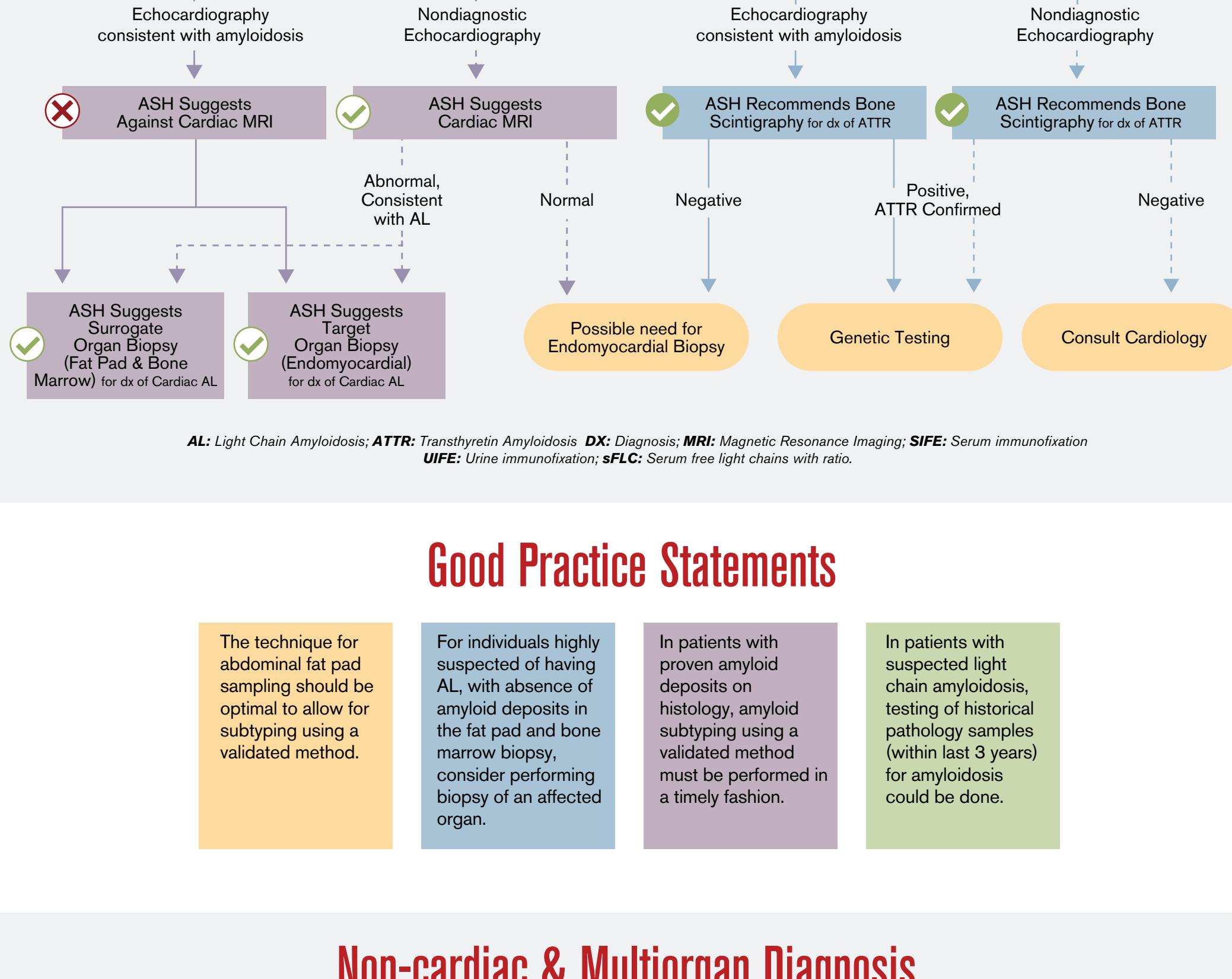
## Enhancing Clinical Suspicion

## Diagnosis

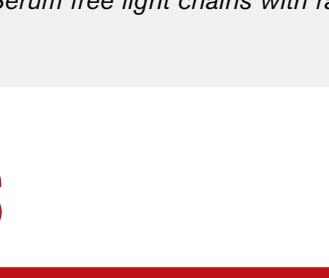
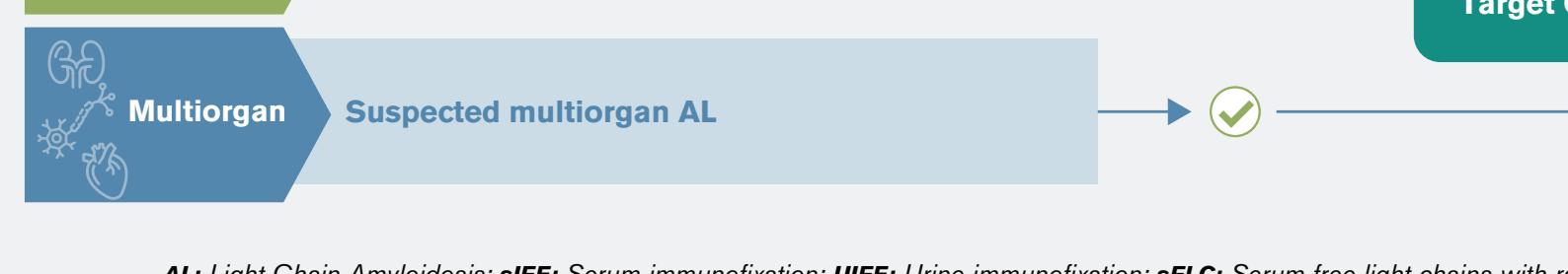
## Organ Involvement



A green rectangular button with white text and a checkmark icon. The text reads "Paraprotein Testing (SIFE, UIFE, sFLC)". To the left of the button is a purple circle with a white plus sign, and to the right is a blue circle with a white minus sign. A small white checkmark icon is positioned in the center of the green button.

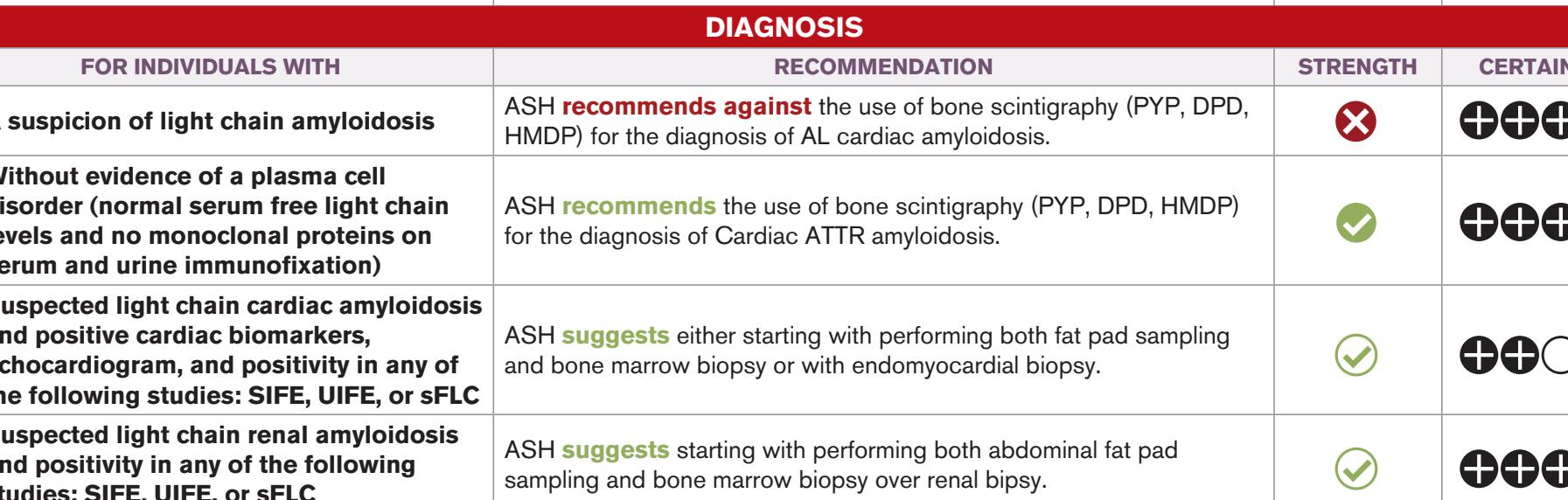


**light chain amyloidosis with  
gammopathy + generalized small or  
medium vessel disease**



	of cardiac AL amyloidosis.
	ASH <b>suggests</b> performing paraprotein testing (SIFE, UIFE, sFLC) to increase clinical suspicion of light chain amyloidosis.
ing	ASH <b>suggests</b> performing cardiac magnetic resonance (CMR) r

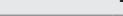
amyloidosis.



ASH **suggests** performing both fat pad sampling and bone marrow biopsy over nerve biopsy.

performed expeditiously. If target organ biopsy is more difficult than a surrogate biopsy, these symptomatic target tissues should be preferentially biopsied.

Organ Involvement																					
FOR INDIVIDUALS WITH	RECOMMENDATION			STRENGTH	CERTAINTY																
<b>12. Proven light chain amyloidosis with no cardiac symptoms</b>	ASH <b>recommends</b> performing cardiac biomarkers (high sensitivity troponin, and BNP or NT-proBNP) & cardiac imaging rather than not performing these tests to define the presence & extent of cardiac involvement at diagnosis.																				
<p><b>AL:</b> Light Chain Amyloidosis; <b>ATTR:</b> Transthyretin Amyloidosis; <b>BNP:</b> Brain natriuretic peptide; <b>DPD:</b> 3,3-diphosphono-1,2-propanodicarboxylic acid; <b>HMDP:</b> Hydroxymethylene Diphosphonate; <b>MRI:</b> Magnetic Resonance Imaging; <b>NT-proBNP:</b> N-terminal pro-B-type natriuretic peptide; <b>PYP:</b> pyrophosphate; <b>sFLC:</b> Serum free light chains with ratio; <b>sIFE:</b> Serum immunofixation; <b>UIFE:</b> Urine immunofixation.</p>																					
<p>Learn more about the 2025 ASH Clinical Practice Guidelines on Diagnosis of Light Chain Amyloidosis at <a href="https://hematology.org/amyloidosis-guidelines">hematology.org/amyloidosis-guidelines</a></p>																					
<table border="1"> <thead> <tr> <th colspan="4">Recommendation Strength</th> </tr> <tr> <th>Recommends...</th> <th>Recommends against...</th> <th>Suggests...</th> <th>Suggests against...</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <th colspan="2">INTERPRETATION OF STRONG RECOMMENDATIONS</th><th colspan="2">INTERPRETATION OF CONDITIONAL RECOMMENDATIONS</th></tr> </tbody> </table>						Recommendation Strength				Recommends...	Recommends against...	Suggests...	Suggests against...					INTERPRETATION OF STRONG RECOMMENDATIONS		INTERPRETATION OF CONDITIONAL RECOMMENDATIONS	
Recommendation Strength																					
Recommends...	Recommends against...	Suggests...	Suggests against...																		
																					
INTERPRETATION OF STRONG RECOMMENDATIONS		INTERPRETATION OF CONDITIONAL RECOMMENDATIONS																			
Patients	Most individuals in this situation would want the recommended course of action, and only a small proportion would not.		Most individuals in this situation would want the suggested course of action, but many would not. Decision aids may be useful in helping patients to make decisions consistent with their individual risks, values, and preferences.		<table border="1"> <thead> <tr> <th colspan="2">Evidence Certainty</th> </tr> <tr> <th colspan="2">High Certainty</th> </tr> </thead> <tbody> <tr> <td></td><td>We are very confident that the true effect lies close to that of the estimate of the effect.</td></tr> <tr> <th colspan="2">Moderate Certainty</th></tr> <tr> <td></td><td>We are moderately confident in the effect estimate: the true effect is likely to be close to the estimate of the effect, but there is a possibility that it is substantially different.</td></tr> </tbody> </table>		Evidence Certainty		High Certainty			We are very confident that the true effect lies close to that of the estimate of the effect.	Moderate Certainty			We are moderately confident in the effect estimate: the true effect is likely to be close to the estimate of the effect, but there is a possibility that it is substantially different.					
Evidence Certainty																					
High Certainty																					
	We are very confident that the true effect lies close to that of the estimate of the effect.																				
Moderate Certainty																					
	We are moderately confident in the effect estimate: the true effect is likely to be close to the estimate of the effect, but there is a possibility that it is substantially different.																				

Clinicians	Most individuals should follow the recommended course of action. Formal decision aids are not likely to be needed to help individual patients make decisions consistent with their values and preferences.	Different choices will be appropriate for individual patients; clinicians must help each patient arrive at a management decision consistent with the patient's values and preferences. Decision aids may be useful in helping individuals to make decisions consistent with their individual values and preferences.
		<p><b>Low Certainty</b></p>  <p>Our confidence in the effect estimate is limited: the true effect may be substantially different from the estimate of the effect.</p>

<p>The recommendation can be adopted as policy in most situations. Adherence to this recommendation according to the guideline could be used as a quality criterion or performance indicator.</p>	<p>Policymaking will require substantial debate and involvement of various stakeholders. Performance measures should assess if decision making is appropriate.</p>	 <p>We have very little confidence in the effect estimate: the true effect is likely to be substantially different from the estimate of effect.</p>
<p>The recommendation is supported by credible research or other convincing judgments that make additional research unlikely to alter the recommendation.</p>	<p>The recommendation is likely to be strengthened (for future updates or adaptation) by additional research. An evaluation of the conditions and</p>	<p>Kukreti, V., Seftel M., Maria Adela Aguirre, M., Az Boedicker, D., Bumma, N., Carroll, A., Comenz, D., Lai, N., Park, T., A., Ricciardi, A.,</p>

may provide important information that alters the recommendations. recommendation will help identify possible research gaps.