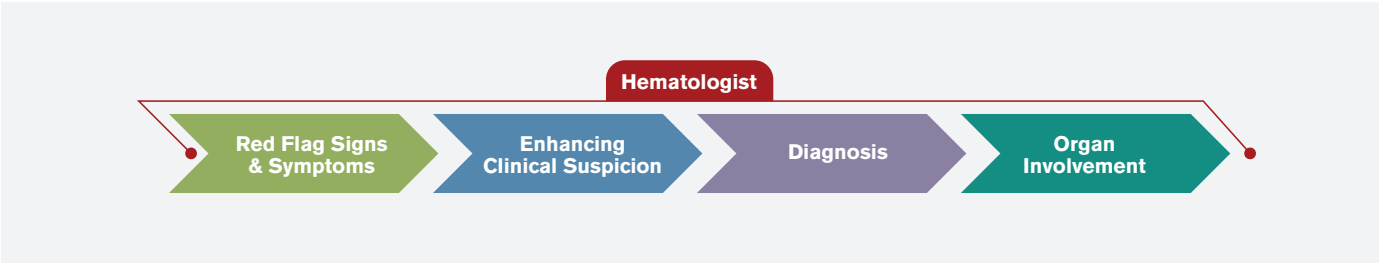
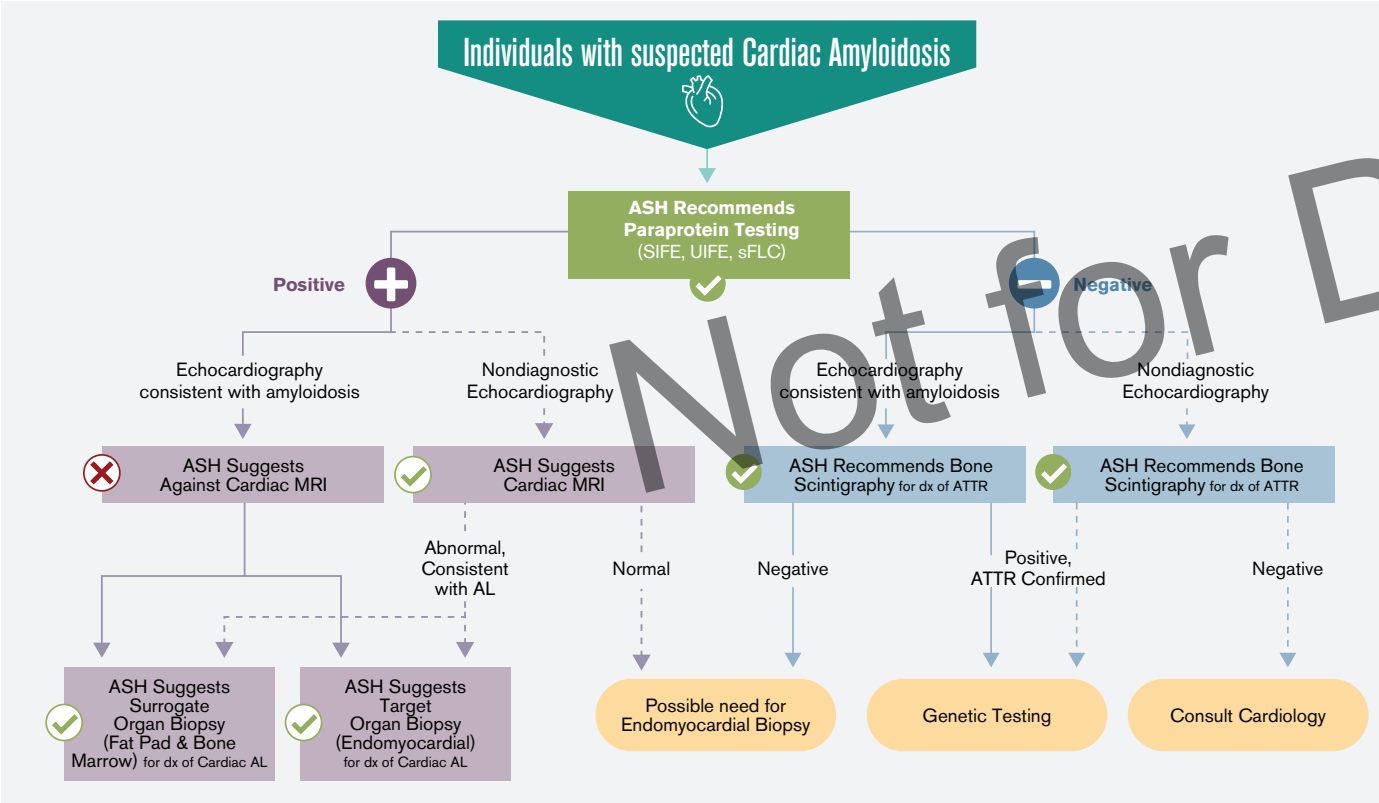


Amyloidosis Diagnostic Pathway

The diagnostic process for amyloidosis is frequently multidisciplinary. A hematologist may be involved throughout the process, from identification of symptoms suggesting amyloidosis, to confirmation of diagnosis and organ involvement.



Cardiac Amyloidosis Diagnostic Algorithm



✓ Recommends... ✗ Recommends against... ✓ Suggests... ✗ Suggests against...

AL: Light Chain Amyloidosis; ATTR: Transthyretin Amyloidosis DX: Diagnosis; MRI: Magnetic Resonance Imaging; SIFE: Serum immunofixation; UIFE: Urine immunofixation; sFLC: Serum free light chain with ratio

Strong Recommendations		Conditional Recommendations	
Recommends...	Recommends against...	Suggests...	Suggests against...
✓	✗	✓	✗
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 risks, values, and preferences.	

Access additional tools and resources at hematology.org/amyloidosis-guidelines:

- Visual Summaries
- Teaching slides
- Infographics
- Snapshots
- Patient resources
- Podcasts
- Additional pocket guides

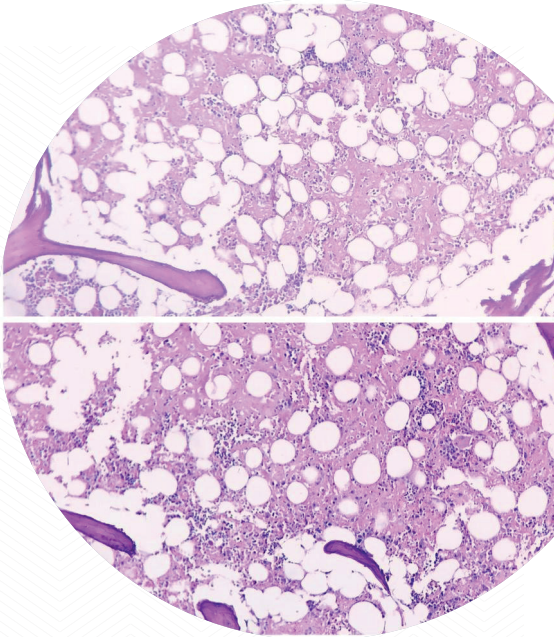
Reference: Kukreti, V., Seftel M., Aguirre, M.A., Azzam, M., Boedicker, D., Bumma, N., Carroll, A., Comenzo, R., Cook, J., Dasgupta, N., De La Torre, A., Dispenzieri, A., Jamal, F., Kawtharany, H., Khouri, J., Leung, N., Nazzal, J., Picken, M., Raza, S., Sanchowawala, V., Sarswat, N., Shaikh, H., Singh, D., Mustafa, R. American Society of Hematology 2025 Guidelines on Diagnosis of Light Chain Amyloidosis. *Blood Advances*.10.1182/bloodadvances.2025017073



ASH CLINICAL PRACTICE GUIDELINES
AMYLOIDOSIS

Diagnosis of
Light Chain
Amyloidosis

POCKET GUIDE
2025



The recommendations in this guide are based on the 2025 ASH guidelines on diagnosis of light chain Amyloidosis.

Good Practice Statements

The technique for abdominal fat pad sampling should be optimal to allow for subtyping using a validated method.

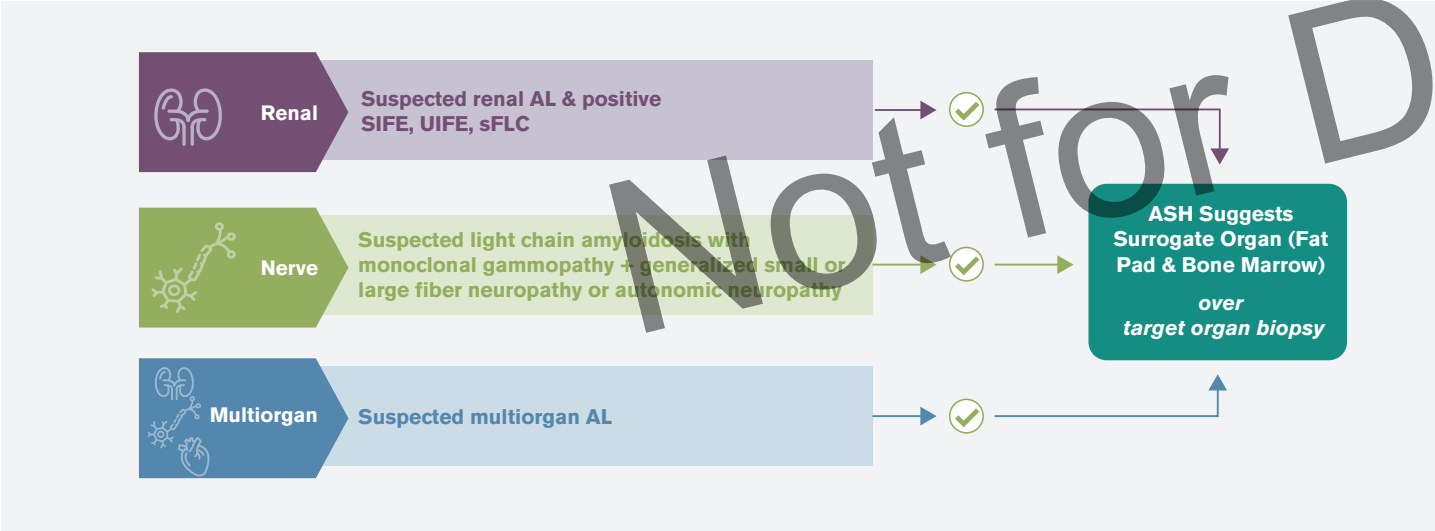
For individuals highly suspected of having AL, with absence of amyloid deposits in the fat pad and bone marrow biopsy, consider performing biopsy of an affected organ.

In patients with proven amyloid deposits on histology, amyloid subtyping using a validated method must be performed in a timely fashion.

In patients with suspected light chain amyloidosis, testing of historical pathology samples (within last 3 years) for amyloidosis could be done.

Non-cardiac & Multiorgan Diagnosis

Diagnostic recommendations for individuals with suspected non-cardiac and multi-organ light chain amyloidosis.



AL: Light Chain Amyloidosis; **ATTR:** Transthyretin Amyloidosis; **BNP:** Brain natriuretic peptide; **DPD:** 3,3-diphosphono-1,2-propanodicarboxylic acid; **HMDP:** Hydroxymethylene Diphosphonate; **MRI:** Magnetic Resonance Imaging; **NT-proBNP:** N-terminal pro-B-type natriuretic peptide; **PYP:** pyrophosphate; **sFLC:** Serum free light chain with ratio; **SIFE:** Serum immunofixation; **UIFE:** Urine immunofixation

✔ Recommends... ✖ Recommends against... ✔ Suggests... ✖ Suggests against...

Enhancing Clinical Suspicion			
For Individuals With	Recommendation	Strength	Certainty
1. Suspected Cardiac Amyloidosis	ASH recommends serum and urine immunofixation and serum free light chain with ratio (SIFE, UIFE, sFLC) to increase clinical suspicion of cardiac AL amyloidosis.	✔	+++○
2. Unexplained proteinurea	ASH suggests performing paraprotein testing (SIFE, UIFE, sFLC) to increase clinical suspicion of light chain amyloidosis.	✔	++○○
3. Positivity in any of the following studies: SIFE, UIFE, or sFLC + abnormal cardiac biomarkers, + non-diagnostic echocardiography	ASH suggests performing cardiac magnetic resonance (CMR) rather than not performing CMR to increase clinical suspicion of cardiac amyloidosis.	✔	+++○
4. Positivity in any of the following studies: SIFE, UIFE, or sFLC, + abnormal cardiac biomarkers, echocardiography consistent with amyloidosis	ASH suggests against performing CMR and instead performing tissue biopsy to diagnose cardiac light chain amyloidosis.	✖	+○○○
Diagnosis			
For Individuals With	Recommendation	Strength	Certainty
5. A suspicion of light chain amyloidosis	ASH recommends against the use of bone scintigraphy (PYP, DPD, HMDP) for the diagnosis of AL cardiac amyloidosis.	✖	+++○
6. Without evidence of a plasma cell disorder (normal serum free light chain levels and no monoclonal proteins on serum and urine immunofixation)	ASH recommends the use of bone scintigraphy (PYP, DPD, HMDP) for the diagnosis of Cardiac ATTR amyloidosis.	✔	+++○
7. Suspected light chain cardiac amyloidosis and positive cardiac biomarkers, echocardiogram, and positivity in any of the following studies: SIFE, UIFE, or sFLC	ASH suggests either starting with performing both fat pad sampling and bone marrow biopsy or with endomyocardial biopsy.	✔	++○○
8. Suspected light chain renal amyloidosis and positivity in any of the following studies: SIFE, UIFE, or sFLC	ASH suggests starting with performing both abdominal fat pad sampling and bone marrow biopsy over renal biopsy.	✔	+++○
9. Suspected AL with monoclonal gammopathy, and generalized small or large fiber peripheral neuropathy or autonomic neuropathy	ASH suggests performing both fat pad sampling and bone marrow biopsy over nerve biopsy.	✔	+○○○
10. Suspected multiorgan light chain amyloidosis	ASH suggests starting with surrogate biopsies (fat pad sampling & bone marrow biopsy), over target organ biopsy, if they can be performed expeditiously. If target organ biopsy is more feasible than a surrogate biopsy, these symptomatic target tissues should be preferentially biopsied.	✔	++○○
11. Multiple myeloma & smoldering multiple myeloma	ASH suggests performing Congo red staining on bone marrow biopsies that may have already been performed.	✔	+○○○
Organ Involvement			
For Individuals With	Recommendation	Strength	Certainty
12. Proven light chain amyloidosis with no cardiac symptoms	ASH recommends 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.	✔	++○○