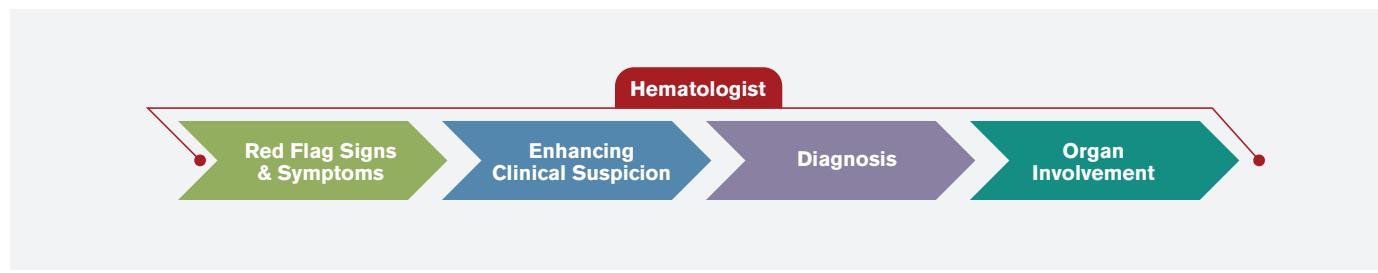
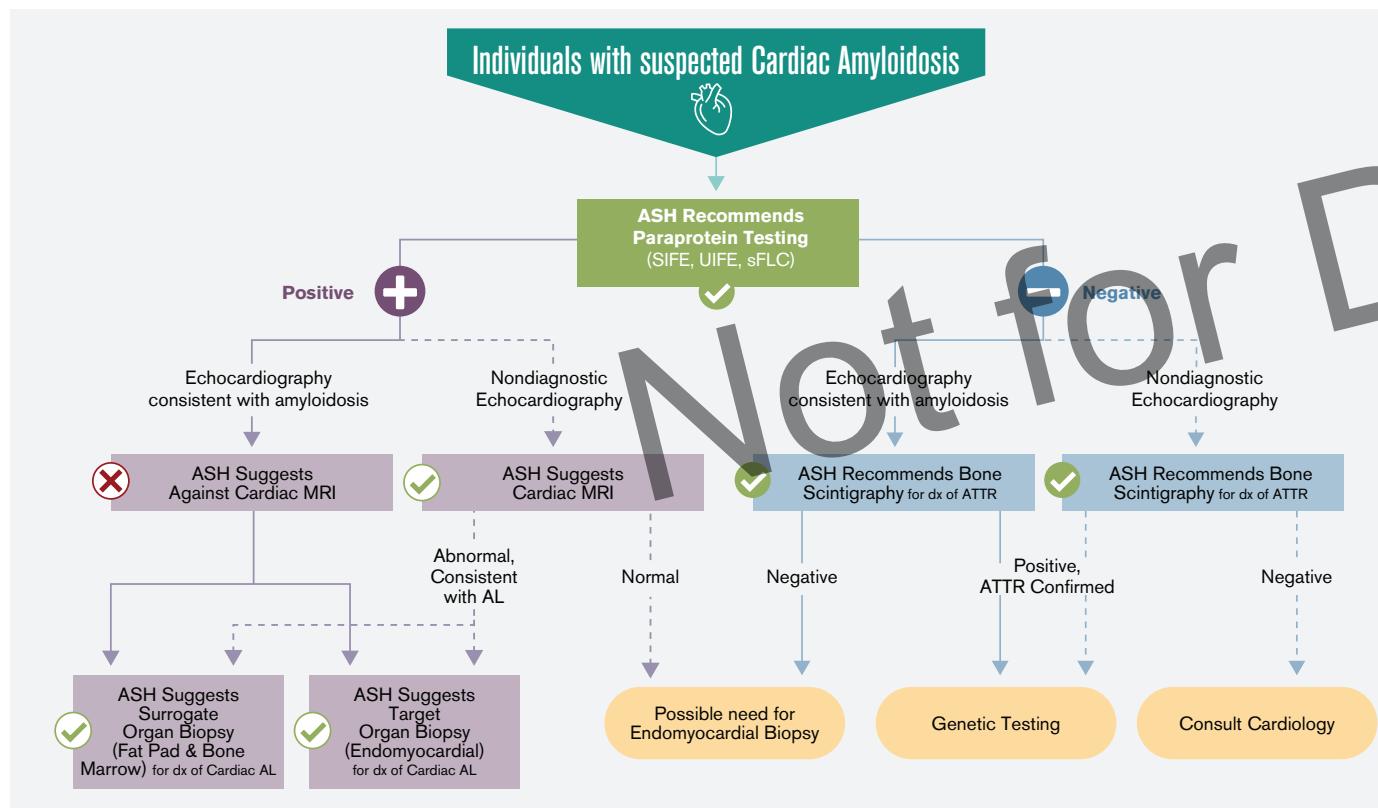


## Amyloidosis Diagnostic Pathway

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



**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

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

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.



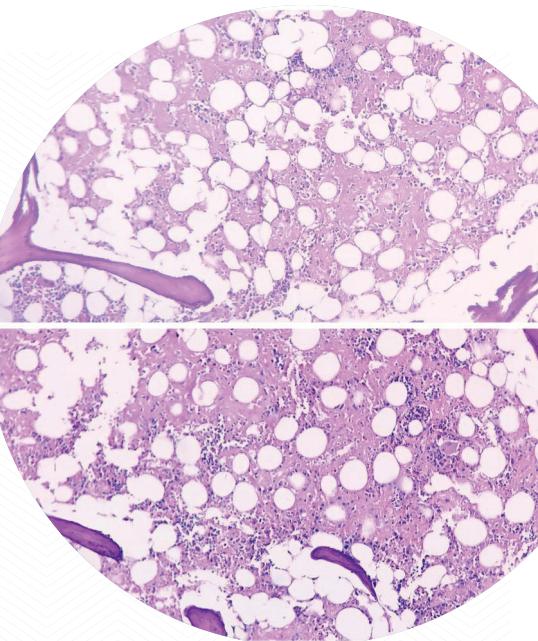
ASH CLINICAL PRACTICE GUIDELINES  
AMYLOIDOSIS

# Diagnosis of Light Chain Amyloidosis

POCKET GUIDE  
2025

Access additional tools and resources at [hematology.org/amyloidosis-guidelines](https://hematology.org/amyloidosis-guidelines):

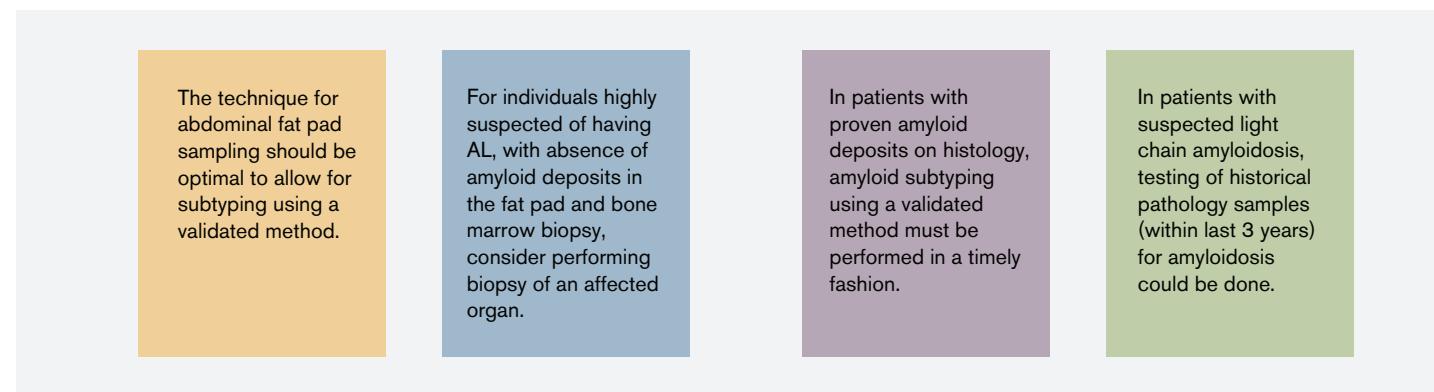
- Visual Summaries
- Teaching slides
- Infographics
- Snapshots
- Patient resources
- Podcasts
- Additional pocket guides



**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., Sanchorawala, 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

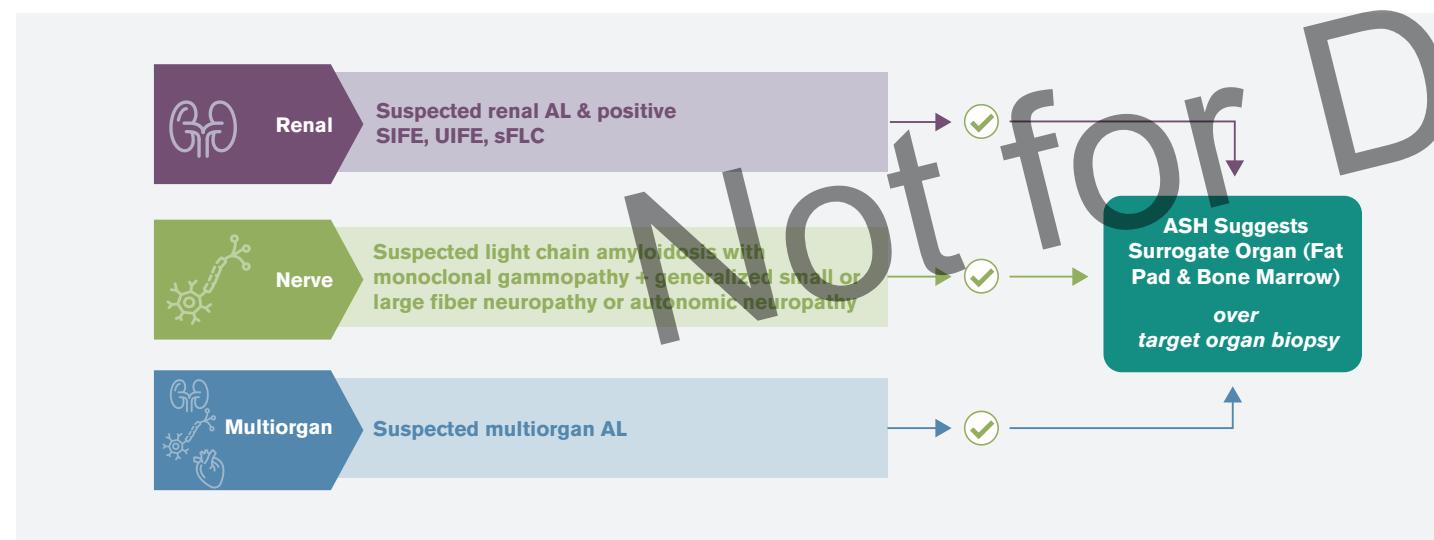
The recommendations in this guide are based on the 2025 ASH guidelines on diagnosis of light chain Amyloidosis.

## Good Practice Statements



## 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
<b>1. Suspected Cardiac Amyloidosis</b>	ASH <b>recommends</b> serum and urine immunofixation and serum free light chain with ratio (SIFE, UIFE, sFLC) to increase clinical suspicion of cardiac AL amyloidosis.	✓	⊕⊕⊕○
<b>2. Unexplained proteinuria</b>	ASH <b>suggests</b> performing paraprotein testing (SIFE, UIFE, sFLC) to increase clinical suspicion of light chain amyloidosis.	✓	⊕⊕○○
<b>3. Positivity in any of the following studies: SIFE, UIFE, or sFLC + abnormal cardiac biomarkers, + non-diagnostic echocardiography</b>	ASH <b>suggests</b> performing cardiac magnetic resonance (CMR) rather than not performing CMR to increase clinical suspicion of cardiac amyloidosis.	✓	⊕⊕⊕○
<b>4. Positivity in any of the following studies: SIFE, UIFE, or sFLC, + abnormal cardiac biomarkers, echocardiography consistent with amyloidosis</b>	ASH <b>suggests against</b> performing CMR and instead performing tissue biopsy to diagnose cardiac light chain amyloidosis.	✗	⊕○○○
<b>DIAGNOSIS</b>			
FOR INDIVIDUALS WITH	RECOMMENDATION	STRENGTH	CERTAINTY
<b>5. A suspicion of light chain amyloidosis</b>	ASH <b>recommends against</b> the use of bone scintigraphy (PYP, DPD, HMDP) for the diagnosis of AL cardiac amyloidosis.	✗	⊕⊕⊕○
<b>6. Without evidence of a plasma cell disorder (normal serum free light chain levels and no monoclonal proteins on serum and urine immunofixation)</b>	ASH <b>recommends</b> the use of bone scintigraphy (PYP, DPD, HMDP) for the diagnosis of Cardiac ATTR amyloidosis.	✓	⊕⊕⊕○
<b>7. Suspected light chain cardiac amyloidosis and positive cardiac biomarkers, echocardiogram, and positivity in any of the following studies: SIFE, UIFE, or sFLC</b>	ASH <b>suggests</b> either starting with performing both fat pad sampling and bone marrow biopsy or with endomyocardial biopsy.	✓	⊕⊕○○
<b>8. Suspected light chain renal amyloidosis and positivity in any of the following studies: SIFE, UIFE, or sFLC</b>	ASH <b>suggests</b> starting with performing both abdominal fat pad sampling and bone marrow biopsy over renal biopsy.	✓	⊕⊕⊕○
<b>9. Suspected AL with monoclonal gammopathy, and generalized small or large fiber peripheral neuropathy or autonomic neuropathy</b>	ASH <b>suggests</b> performing both fat pad sampling and bone marrow biopsy over nerve biopsy.	✓	⊕○○○
<b>10. Suspected multiorgan light chain amyloidosis</b>	ASH <b>suggests</b> 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.	✓	⊕⊕○○
<b>11. Multiple myeloma &amp; smoldering multiple myeloma</b>	ASH <b>suggests</b> performing Congo red staining on bone marrow biopsies that may have already been performed.	✓	⊕○○○
<b>Organ Involvement</b>			
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.	✓	⊕⊕○○