

ATTR-ACT: Transthyretin Amyloid Cardiomyopathy Tafamidis Study *A Phase 3 Clinical Study in Transthyretin Cardiomyopathy (TTR-CM)*



Tafamidis is an investigational drug and is not approved in the United States.

What is the design of the ATTR-ACT study?

In December 2013, Pfizer initiated a Phase 3 double-blind, randomized, placebo-controlled study of tafamidis meglumine in up to 400 patients with transthyretin cardiomyopathy (TTR-CM).

TTR-CM is caused by destabilization of a transport protein called “transthyretin”, which is composed of 4 identical sub units (a “tetramer”). In TTR-CM, heart failure occurs when tetramer destabilization leads to misfolded proteins that result in amyloid fibrils that form and deposit in the heart.

Tafamidis, an investigational medicine in the form of an oral capsule, is a selective stabilizer of TTR. Tafamidis binds to specific sites on the TTR tetramer to prevent tetramer dissociation and formation of the misfolded proteins, thus inhibiting amyloid formation.

The study will include two active doses of tafamidis (20mg and 80 mg) versus placebo over 30 months. Approximately 50 percent more patients will be on active medicine than on placebo.

The primary outcome measure of the study is a combination of all-cause mortality and frequency of cardiovascular-related hospitalization. The secondary outcome measures include the 6-minute walk test (6MWT), the Kansas City Cardiomyopathy Questionnaire Overall Score (KCCQ-OS), and TTR stabilization at Month 1.

All patients who complete the study will have the opportunity to receive tafamidis treatment in a long-term extension study.

How many clinical trial sites will be part of the study, and where are the sites located?

There will be approximately 50 sites worldwide participating in the trial. The study regions include North America, South America, the EU and Japan. There are approximately 25-30 sites planned for the U.S. United States site locations currently open include the following areas: Birmingham, AL, Phoenix, AZ, Scottsdale, AZ, San Francisco, CA, Stanford, CA, Deerfield Beach, FL, Miami, FL, Chicago, IL, Oak Lawn, IL, New Orleans, LA, Baltimore, MD, Ann Arbor, MI, Rochester, MN, Newark, NJ, New York, NY, Durham, NC, Cleveland, OH, Philadelphia, PA, Pittsburgh, PA, Nashville, TN and Houston, TX. Additional information about the study is available at

Overview: ATTR-ACT Phase 3 Study

- Phase 3 double-blind, randomized, placebo-controlled study of tafamidis in up to 400 patients worldwide with TTR-CM
- This study is now open for enrollment
- Investigating the efficacy, safety and tolerability of a daily oral dose of 20mg or 80mg tafamidis in comparison to placebo
- 30-month treatment duration
- ~50 sites worldwide participating in the trial with ~25-30 sites planned in U.S.
- All patients who complete the study will have the opportunity to receive tafamidis treatment in a long-term extension study
- If you would like to participate in this study, ask your physician to call Pfizer’s Clinical Trial Call Center at 1-800-718-1021.
- Additional information about the study is available at www.clinicaltrials.gov (direct link: <http://1.usa.gov/18kklww>).
- The clinicaltrials.gov identifier is NCT01994889.



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Which doses are being studied?

The study is investigating the efficacy, safety and tolerability of a daily oral dose of 20mg or 80mg tafamidis.

What are the inclusion criteria for the ATTR-ACT study?

Selected inclusion criteria for the study are:

- Medical history of Heart Failure (HF) with at least 1 prior hospitalization for HF or clinical evidence of HF (without hospitalization);
- Evidence of cardiac involvement by echocardiography with an end-diastolic interventricular septal wall thickness greater than 12 mm; and
- Presence of amyloid deposits in biopsy tissue and presence of a variant TTR genotype and/or TTR precursor protein identification by mass spectrometry.

What are the exclusion criteria for the ATTR-ACT study?

Selected exclusion criteria for the study are:

- A New York Heart Association (NYHA) classification of stage IV heart failure.
- Presence of primary (light chain) or secondary (SAA) amyloidosis.
- Prior liver or heart transplantation.