Abstract Category: Feature Your Cardio-Oncology Clinical Program

Title: Untangling a Complex Web: Implementation of a Multidisciplinary Comprehensive Amyloidosis Clinic

ABSTRACT BODY

Background

Amyloidosis is the common term for several diseases that occur when an abnormal protein deposits in tissues or organs throughout the body causing malfunction of that tissue or organ. Amyloid most commonly affects the heart, kidneys, nervous system, connective tissue, and digestive system. Patients may receive one treatment or a combination thereof, depending on the amyloid type, location and progression. Given the complexity of amyloidosis and multiple organ involvement, multidisciplinary care is critical for treatment and symptom management of this systemic disease.

Methods

At The Ohio State University’s Comprehensive Amyloidosis Clinic (CAC), we created a comprehensive multispecialty clinic that allows for a multidisciplinary approach to these challenging clinical conditions. Key factors to our successful clinic are multidisciplinary specialists, organized clinic structure, and research mission. Our core amyloidosis care team includes nurse managers, hematologists, cardiologists, neurologists, nephrologists, physical therapists, and research coordinators. Our clinic structure allows our patients to spend a morning with our team. During their visit, patients start with a lab draw and EKG. Then, patients have 30-minute appointments with hematology, cardiology, neurology, nephrology, and physical therapy. At the end of their visit, patients leave with a comprehensive, cohesive plan. Our broader research mission engages specialists in basic science, translational medicine and imaging to improve our knowledge and care of amyloidosis patients.

Results

Our CAC results in an excellent patient experience with multidisciplinary care and research engagement. Since the CAC’s inception in 2017, we have seen close to 100 patients. With increased local and national recognition, we now have 41% of referrals originating outside of hematology and 17% of referrals from outside of our institution. The time to diagnosis and initiation of treatment for amyloidosis patients has improved, reducing disease progression and organ dysfunction. Further, we have increased enrollment in registries, institutional clinical trials, and national clinical trials.

Conclusion

The development of a multidisciplinary Comprehensive Amyloidosis Clinic can improve patients’ outcomes through early diagnosis, comprehensive management, and knowledge about the disease through clinical care and research.

Clinical Implications

In caring for amyloidosis patients, a multi-specialty clinic and research program is critical to improving patient care.