

Family Health Tree

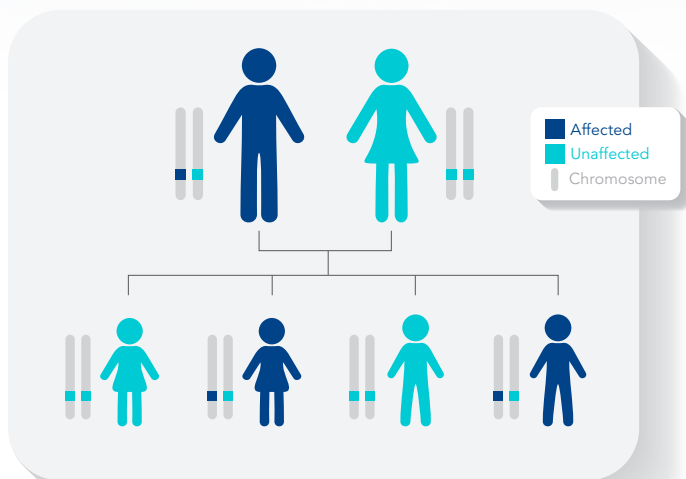
Map your family's history of
hereditary ATTR amyloidosis

Hereditary ATTR (hATTR) amyloidosis: importance of mapping family health history

This chart can help you map your family's health history and determine who may be at risk for hereditary ATTR (hATTR) amyloidosis.

hATTR amyloidosis—an inherited condition

hATTR amyloidosis is a rare condition that affects an estimated 50,000 patients worldwide. It is an inherited condition caused by a gene change (mutation) that affects the function of a protein called transthyretin (TTR). The age that initial symptoms appear may vary, ranging from the mid-20s to the mid-60s. It is passed down in an autosomal dominant pattern, which means a person only needs to inherit one copy of the affected gene from one parent in order to develop the condition. When one parent carries an autosomal dominant mutation, any child will have a 50% chance of inheriting that mutation.



A family member may inherit the TTR gene with a mutation, but having the mutation does not mean that he or she will develop hATTR amyloidosis. If you have any questions, please contact your healthcare provider.

Working with your family members to complete this worksheet can help educate them about hATTR amyloidosis, its symptoms, and how it is passed down through generations. You can use the other materials in this kit to learn about the cause and symptoms of this condition.

Here is an example of how to fill out each family member's "branch":

Mother

Experienced symptoms of hATTR amyloidosis? ☒ Yes ☐ No

List symptoms:

Carpal tunnel, consistent dizziness when standing up, leg swelling, chest pain

Age diagnosed: Not diagnosed

Other major medical conditions:

Heart condition

Father

Experienced symptoms of hATTR amyloidosis? ☐ Yes ☒ No

List symptoms:

Age diagnosed: Not diagnosed

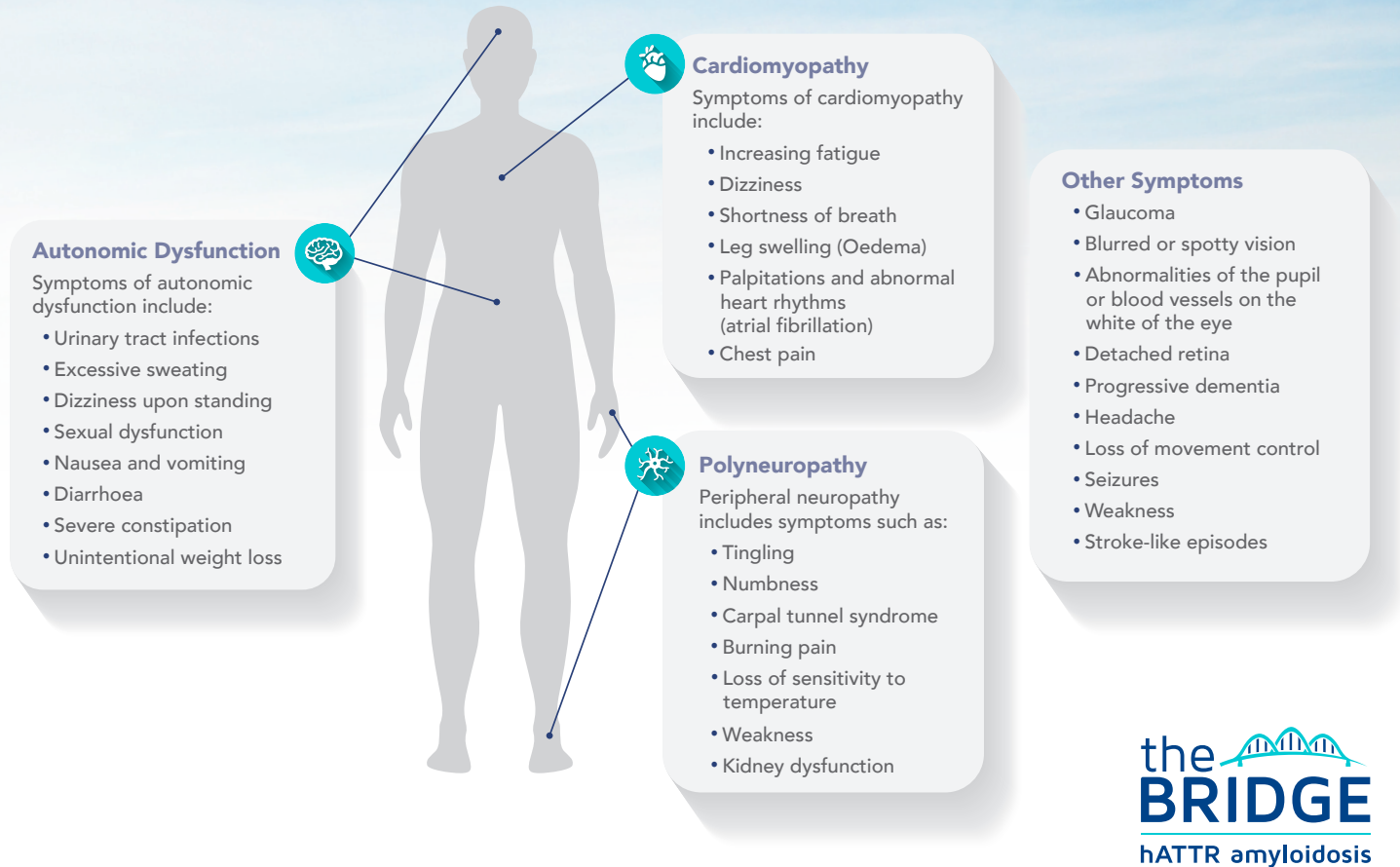
Other major medical conditions:

Diabetes



Genetic counseling can help you understand your chances of inheriting the condition as well as to become familiar with the testing process and implications of a diagnosis. Talk to your healthcare provider.

The varying symptoms of hATTR amyloidosis



Grandmother
Experienced symptoms of hATTR amyloidosis? ☐ Yes ☐ No
List symptoms: _____

Age diagnosed: _____
Other major medical conditions: _____

Grandfather
Experienced symptoms of hATTR amyloidosis? ☐ Yes ☐ No
List symptoms: _____

Age diagnosed: _____
Other major medical conditions: _____

Grandmother
Experienced symptoms of hATTR amyloidosis? ☐ Yes ☐ No
List symptoms: _____

Age diagnosed: _____
Other major medical conditions: _____

Grandfather
Experienced symptoms of hATTR amyloidosis? ☐ Yes ☐ No
List symptoms: _____

Age diagnosed: _____
Other major medical conditions: _____

Aunt/Uncle
Experienced symptoms of hATTR amyloidosis? ☐ Yes ☐ No
List symptoms: _____

Age diagnosed: _____
Other major medical conditions: _____

Aunt/Uncle
Experienced symptoms of hATTR amyloidosis? ☐ Yes ☐ No
List symptoms: _____

Age diagnosed: _____
Other major medical conditions: _____

Mother
Experienced symptoms of hATTR amyloidosis? ☐ Yes ☐ No
List symptoms: _____

Age diagnosed: _____
Other major medical conditions: _____

Father
Experienced symptoms of hATTR amyloidosis? ☐ Yes ☐ No
List symptoms: _____

Age diagnosed: _____
Other major medical conditions: _____

Aunt/Uncle
Experienced symptoms of hATTR amyloidosis? ☐ Yes ☐ No
List symptoms: _____

Age diagnosed: _____
Other major medical conditions: _____

Aunt/Uncle
Experienced symptoms of hATTR amyloidosis? ☐ Yes ☐ No
List symptoms: _____

Age diagnosed: _____
Other major medical conditions: _____

Keep track of your family's health history
Use this space to record any important notes from conversations with your family members, including points about your family's history and follow-up steps.

Genetic mutation: _____

Notes: _____

Sister/Brother
Experienced symptoms of hATTR amyloidosis? ☐ Yes ☐ No
List symptoms: _____

Age diagnosed: _____
Other major medical conditions: _____

Sister/Brother
Experienced symptoms of hATTR amyloidosis? ☐ Yes ☐ No
List symptoms: _____

Age diagnosed: _____
Other major medical conditions: _____

You
Experienced symptoms of hATTR amyloidosis? ☐ Yes ☐ No
List symptoms: _____

Age diagnosed: _____
Other major medical conditions: _____

Spouse
Experienced symptoms of hATTR amyloidosis? ☐ Yes ☐ No
List symptoms: _____

Age diagnosed: _____
Other major medical conditions: _____

Child
Experienced symptoms of hATTR amyloidosis? ☐ Yes ☐ No
List symptoms: _____

Age diagnosed: _____
Other major medical conditions: _____

Child
Experienced symptoms of hATTR amyloidosis? ☐ Yes ☐ No
List symptoms: _____

Age diagnosed: _____
Other major medical conditions: _____

Child
Experienced symptoms of hATTR amyloidosis? ☐ Yes ☐ No
List symptoms: _____

Age diagnosed: _____
Other major medical conditions: _____

Child
Experienced symptoms of hATTR amyloidosis? ☐ Yes ☐ No
List symptoms: _____

Age diagnosed: _____
Other major medical conditions: _____

Child
Experienced symptoms of hATTR amyloidosis? ☐ Yes ☐ No
List symptoms: _____

Age diagnosed: _____
Other major medical conditions: _____

Discover information and resources about hATTR amyloidosis at www.hATTRbridge.ca

References:

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