



**State Senator Hearcel F. Craig  
Ohio's 15<sup>th</sup> Senate District**

**Senate Health, Human Services and Medicaid Committee  
Senate Concurrent Resolution 9 Sponsor Testimony  
Designate Cardiac Amyloidosis Recognition Day  
December 11, 2019**

Chairman Burke, Vice Chair Huffman, Ranking Member Antonio, and members of the Senate Health, Human Services and Medicaid Committee, thank you for the opportunity to testify today in support of Senate Concurrent Resolution 9. SCR 9 would designate November 14th as Cardiac Amyloidosis Recognition Day.

Amyloidosis is a group of diseases where abnormal proteins, or amyloids, form on the body's organs and body tissues.<sup>i</sup> This can lead to progressive organ dysfunction.

Symptoms of cardiac amyloidosis are shortness of breath, swelling of the legs and abdomen, angina, tingling and/or numbness in the hands and feet, carpal tunnel syndrome, and unexplained bruising.<sup>ii</sup> The disease is rare and not widely understood. There are two types of the disease, both are life-threatening because of their impact on the heart, which can lead to heart failure.<sup>iii</sup> One of the strains of cardiac amyloidosis almost exclusively impacts people of African descent. In the United States, the most common type of the disease affects African American men in their 60s.<sup>iv</sup>

Currently, cardiac amyloidosis has no established protocol for treatment.<sup>v</sup> Less than 50 percent of cardiologists have expressed familiarity with the testing that is used to diagnose the disease.<sup>vi</sup> Many individuals living with this disease go misdiagnosed or undiagnosed.<sup>vii</sup> Once an individual is diagnosed with cardiac amyloidosis, the average person lives just two to three more years.

The purpose of the resolution is to raise awareness for this rare and deadly disease. By providing more information to patients, medical professionals and caregivers, there could be earlier detections and more treatment-oriented outcomes. Thank you, Chairman and

Members of the Senate Health committee, for your time. I welcome any questions from the committee at this time.

---

<sup>i</sup> Siddiqi OK, Ruberg FL. Cardiac amyloidosis: an update on pathophysiology, diagnosis and treatment. Trends Cardiovasc Med. 2017;1050-1738.

<sup>ii</sup> <https://my.clevelandclinic.org/health/diseases/17855-amyloidosis-attr>

<sup>iii</sup> Siddiqi OK, Ruberg FL. Cardiac amyloidosis: an update on pathophysiology, diagnosis and treatment. Trends Cardiovasc Med. 2017;1050-1738.

<sup>iv</sup> Jacobson DR, Alexander AA, Tagoe C, Buxbaum JN. Prevalence of the amyloidogenic transthyretin (TTR) V122I allele in 14 333 African-Americans. Amyloid. 2015;22(3):171-174

<sup>v</sup> Siddiqi OK, Ruberg FL. Cardiac amyloidosis: an update on pathophysiology, diagnosis and treatment. Trends Cardiovasc Med. 2017;1050-1738.

<sup>vi</sup> Pfizer Data on File. Harris Poll Consumer Data. 2018.

<sup>vii</sup> Connors LH, Sam F, Skinner M, et al. Heart failure due to age-related cardiac amyloid disease associated with wild-type transthyretin: a prospective, observational cohort study. Circulation. 2016;133(3):282-290.