

*You are invited to attend a
presentation on*

Managing ATTR-CM With Attruby, A Near-Complete TTR Stabilizer

Date

Thursday, March 12, 2026

Time

06:30 PM EST

Maggiano's Little Italy

10367 Midtown Pkwy,
Jacksonville, FL 32246
(904) 380-4360

Presented by

Ugochukwu Onyibo Egolum, MD, FACC,
FHSA

Medical Director, Left Ventricular Assist
Device Program, Former (founding) Section
Director; HF Treatment and Recovery Center
Georgia Heart Institute

Hosted by

Julie Collins

julie.collins@bridgebio.com

(229) 224-5129

Registration

[https://rsvp.bridgebio.cm-go.com/
home/index/BR-32251](https://rsvp.bridgebio.cm-go.com/home/index/BR-32251)

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INDICATION

Attruby[®] (acoramidis) is indicated for the treatment of the cardiomyopathy of wild-type or variant transthyretin-mediated amyloidosis (ATTR-CM) in adults to reduce cardiovascular death and cardiovascular-related hospitalization.

SELECT SAFETY INFORMATION

Diarrhea (11.6% vs 7.6%) and upper abdominal pain (5.5% vs 1.4%) were reported in patients treated with Attruby versus placebo, respectively. The majority of these adverse reactions were mild and resolved without drug discontinuation. Increase in serum creatinine and decrease in eGFR may occur within 4 weeks of starting Attruby and then stabilize. The laboratory changes were reversible after

*Please see additional Important Safety Information on the reverse side and accompanying full **Prescribing Information**.*

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IMPORTANT SAFETY INFORMATION

Adverse Reactions

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Discontinuation rates due to adverse events were similar between patients treated with Attruby versus placebo (9.3% and 8.5%, respectively).

Laboratory Tests

Mean increase in serum creatinine of 0.2 and 0.0 mg/dL and a mean decrease in eGFR of 8.2 and 0.7 mL/min/1.73 m² was observed in the adults with ATTR-CM treated with Attruby versus placebo, respectively, at Day 28 and then stabilized. These changes were reversible after treatment discontinuation.

Use in Specific Populations

Pregnancy & Lactation: There are no data on the use of Attruby in pregnant women. Animal data have not shown developmental risk associated with the use of Attruby in pregnancy. There are no available data on the presence of Attruby in either human or animal milk or the effects of the drug on the breastfed infant or maternal milk production.