

## Increasing Prevalence and Incidence of AL Amyloidosis Among Older Adults in the US

**Authors:** Preeti Bajaj,<sup>1</sup> Michael S. Broder,<sup>2</sup> Ashis K. Das,<sup>2</sup> Eunice Chang,<sup>2</sup> Marian H. Tarbox,<sup>2</sup> Ansgar Conrad,<sup>1</sup> Anita D'Souza<sup>3</sup>

<sup>1</sup>Prothena Biosciences Inc, South San Francisco, CA, USA; <sup>2</sup>PHAR (Partnership for Health Analytic Research), Beverly Hills, CA, USA; <sup>3</sup>Medical College of Wisconsin, Milwaukee, WI, USA

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**Introduction:** Older adults ( $\geq 65$  years) are a high-risk group for amyloid light chain (AL) amyloidosis; however, estimates of prevalence and incidence of AL amyloidosis in this group are limited. Herein, we provide comprehensive estimates of overall and age-, sex-, and race-specific AL amyloidosis prevalence and incidence in older US adults using nationally representative data.

**Methods:** This cross-sectional retrospective cohort study identified beneficiaries  $\geq 65$  years with  $\geq 1$  inpatient or  $\geq 2$  outpatient claims for AL amyloidosis (ICD-10-CM diagnosis code E85.81) using Medicare 100% Research Identifiable Files. Inclusion criteria included continuous annual enrollment in Medicare fee-for-service (prevalent cases) and continuous enrollment and a one-year disease-free period (incident cases). Study outcomes included period prevalence per 100,000 per year (2018-2020) and incidence per 100,000 person-years (2019, 2020). Rates were stratified by age group (65-74, 75-84,  $\geq 85$ ), sex, and race.

**Results:** The prevalence of AL amyloidosis among older adults increased during the study period: 9.92 in 2018, 12.27 in 2019, and 14.01 cases per 100,000 in 2020. The incidence of AL amyloidosis increased slightly during the study period: 5.01 in 2019 to 5.12 cases per 100,000 person-years in 2020. The largest increase in estimates was seen among those aged 75-84 (prevalence) and  $\geq 85$  (incidence) years, males, and Black beneficiaries.

**Conclusions:** AL amyloidosis affects 14 per 100,000 older US adults. The prevalence and incidence of AL amyloidosis appear to be increasing, especially in those with increasing age, males, and Black beneficiaries. Further research focused on diagnostic patterns, clinical characteristics, and outcomes in these high-risk populations is needed.