

AL amyloidosis: an epidemiological and clinical challenge

Dear Editor:

I have read with great interest the recent manuscript published in your Journal entitled: *Systemic Immunoglobulin light chain amyloidosis in Mexico: a single institution, 30 year experience*.¹

I would like to congratulate the authors for trying to give us a better clinical and biological understanding on this rare entity not fully reported in the Mexican literature before.

The study is not intended to unveil the epidemiological aspects on AL amyloidosis and some shortcoming aspects emerge as a result of the current report data. For instance, free light chain (FLC) assay is really needed to help increasing detection sensitivity as well as to assess response in this particular disease and this test has been just relatively recently introduced and validated in AL amyloidosis and I assume due to this, it was not reported in this publication. More recent is yet the introduction of mass spectrometry which nowadays is becoming the gold standard assay for typing amyloid deposition.

I do believe that a larger report in a public and private setting combined is required to tackle down the epidemiological aspects of this entity in Mexico. This is a very elegant but small report in a private setting that included only 23 cases in 30 years (0.76 cases per year). This obviously would affect the real estimation of AL amyloidosis and will make difficult to determine whether the incidence of AL amyloid is truly lower than that reported in other ethnicities. Targeted epidemiological studies are warranted to better elucidate these aspects. MGUS (Monoclonal Gammopathy of Undetermined Significance) for example is an entity rarely investigated in Mexican healthcare facilities due to costs and complexity but

in theory is quite common in the elderly population and unfortunately there is a lack of epidemiological studies in the Mexican population. It is also true that many cases of AL amyloidosis are diagnosed even in the western countries when the disease is very advanced and vast organ damage is already present.

With regards to epidemiological aspects of monoclonal disorders including amyloidosis, It is important to highlight as an example that LECT2 amyloidosis which was recently reported by my colleagues at the Mayo Clinic as a new amyloid entity that strikingly shows a high incidence on hispanic population is only detected by laser micro dissection/mass spectrometry testing² and this complexity of the disease and capabilities to make these diagnoses affect the estimation of such as entities overall. These major shortcomings should be clearly considered when dealing with epidemiological estimations.

Furthermore, response assessment and description of second/third lines therapies if given to any patients is required to better estimate their impact on Survival. In addition, the definition of organ involvement and response as per the recent consensus in AL amyloidosis is required.³

Getting back to the present report, the authors stated that 71% of cases had bone abnormalities in the X-rays which is more consistent with myeloma to me and this needs to be clarified since amyloidosis associated to myeloma has a totally different clinical outcome.⁴

On the other hand, the authors should use a landmark analysis to better show the survival on the cases here reported. They claimed that median survival has not been reached but from the 17 evaluable cases 5 patients had already died, 5 are alive and 7 were lost for follow-up, therefore overall sur-

vival to me is not clear. In addition, Progression-Free survival showing either organ or hematological progression is needed as well as toxicity profile with the different treatment strategies.

In summary, this a great effort in reporting a very complex disease and I do encourage the authors to continue working on this entity and definitely to work with other centres in this country to better estimate the biological features associated to this disease in a Mexican population, as well as incidence, prevalence and other clinical outcomes with the available therapies.

REFERENCES

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