

## Supplementary Materials:

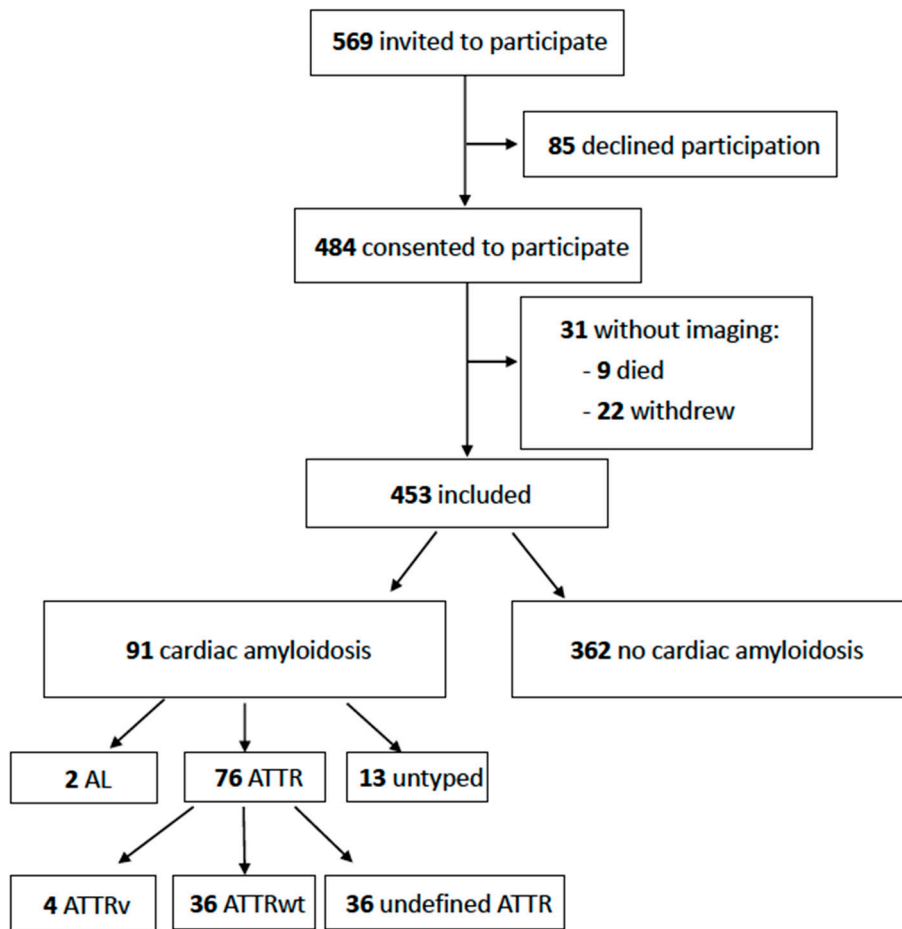


Figure S1: Study flowchart

Table S1: Prevalence studies evaluating amyloidosis as a cause of heart failure

Author (year of publication)	Type of study	Patients (n)	Age	Inclusion criteria	Prevalence	Diagnostic method	Type of amyloid protein studied
González-López (2015) <sup>8</sup>	Prospective Single-centre	120	82 ± 8	≥ 60 years HFpEF Left ventricular thickness ≥ 12 mm	13.3%	<sup>99m</sup> Tc-DPD	ATTR
Mohammed (2014) <sup>16</sup>	Prospective Single-centre	HFpEF: 109 Controls: 131	HFpEF: 76 ± 13 Controls: 69 ± 16	Patients with HF and LVEF > 40% Control group (without HF)	HFpEF: 17% Control group: 5%	Autopsies	ATTR
Lindmark (2021) <sup>17</sup>	Prospective Single-centre	174	76.5 ± 12.7	HF with left ventricular thickness > 14 mm.	20%	<sup>99m</sup> Tc-DPD + study of monoclonal protein	ATTR
Hahn (2020) <sup>18</sup>	Prospective Single-centre	108	66 (57-74)	HFpEF (LVEF ≥ 50%)	14%	Endomyocardial biopsy	ATTR, AL and AA
Devesa (2021) <sup>19</sup>	Prospective Single-centre	58	79 (75-85)	≥ 18 years HFpEF (LVEF ≥ 50%)	5.2%	<sup>99m</sup> Tc-DPD + study of monoclonal protein	ATTR

Left ventricular thickness <12 mm.							
AbouEzzeddine (2021) <sup>20</sup>	Population-based cohort study	1235 (total) 286 (screening)	Total: 80 (72-87) Screening: 78 (71-84)	≥ 60 years HFpEF (LVEF ≥ 40%) Left ventricular thickness ≥ 12mm Southeastern Minnesota	1,3% (Total) 6,3%(Screening)	Pyrophosphate scan + study of monoclonal protein	ATTR
López-Sainz (2019) <sup>21</sup>	Prospective Single-centre	143	79 ± 9	≥ 60 years HF with LVEF < 50% + left ventricular thickness ≥ 12mm or conduction disorders	4%	<sup>99m</sup> Tc-DPD + study of monoclonal protein	AL and ATTR
Ussitalo (2022) <sup>22</sup>	Retrospective Multi-centre	355	80 ± 6	> 70 years HF + scintigraphy performed for non-cardiac reason	7%	<sup>99m</sup> Tc-HMDP	ATTR
Ruiz-Hueso (Current study, 2022)	Prospective Multi-centre	453	85 [79-88]	≥ 65 years HF with any LVEF value Left ventricular thickness > 12 mm	20.1%	<sup>99m</sup> Tc-DPD/PYP/HMDP + study of monoclonal protein Biopsy if required	AL and ATTR

AA: secondary amyloidosis; AL: light chain amyloidosis; ATTR: Transthyretin amyloidosis; HF: Heart failure;

HFpEF: heart failure with preserved ejection fraction, LVEF: left ventricular ejection fraction

**Table S2: Biopsies performed: location and result**

BIOPSIES	n = 56
<b>Location</b>	
Skin (%)	3 (5.3)
Abdominal fat (%)	36 (64.3)
Bone marrow (%)	7 (12.5)
Rectal mucosa (%)	1 (1.8)
Salivary gland (%)	8 (14.3)
Endomyocardial (%)	1 (1.8)
<b>Result</b>	
Light chain amyloidosis (%)	2 (3.6)
Untyped positive (%)	5 (8.9)
Negative (%)	49 (87.5)

\*In some patients, more than one biopsy was performed

**Table S3: Cardiac magnetic resonance imaging**

<b>CARDIAC MAGNETIC RESONANCE IMAGING</b>	<b>n = 51</b>
<b>Late enhancement</b>	
Absent (%)	47 (92.1)
Subendocardial (%)	3 (5.9)
Transmural (%)	1 (2)
<b>T1 mapping</b>	
Typical of amyloidosis (%)	3 (5.9)
Nonspecific (%)	23 (45.1)
Not performed (%)	25 (49.0)