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Dear Ms Picillo,

Re: Circulation: CIRCULATIONAHA/2016/024438R2 (Addressing Common Questions Encountered in the Diagnosis and Management of Cardiac Amyloidosis.

I confirm that I give permission for the following images to be published in the above article:

Figure 3:

Lower left panel: Patient with atrial fibrillation and moderate to severely impaired LV function. Echocardiogram showed increased myocardial density and concentric LVH with moderate aortic stenosis. Cardiac MRI showed biventricular hypertrophy, moderate aortic stenosis, and diffuse fibrosis, in excess of that expected for LVH and aortic valve disease. A) *Early whole body planar DPD image.* B) *3h Delayed whole body planar image showing cardiac retention of tracer and reduced bony uptake; Perugini Grade 2.* C), D), and E) *2 chamber, short axis, and 4 chamber PSIR LGE cardiac MR images showing diffuse fibrosis.*

Lower right panel: Fused Florbetapir PET/MR imaging. A) Native T1 map shows high (>1400) values pre-contrast. B) ECV map, the ECV/interstitial space expansion is as high as blood. C) LGE image- There is differential fibrosis, between the 'core' of the interventricular septum and the epi- and endocardial borders (white vs red arrows) and also in the lateral wall, which implies a non-uniform amyloid distribution. D) Fused Florbetapir PET/MR uptake with a LV basal septal predominance.

Yours sincerely,



Dr Leon Menezes