MAYO CLINIC LABORATORIES

TEST UPDATE

Notification Date: May 11, 2026
Effective Date: May 11, 2026

Amyloid Protein Identification, Paraffin, Mass Spectrometry

Test ID: AMPIP

Explanation: Effective immediately, testing of tenosynovial specimens is only available on patients aged ≥75 years.

This approach is based on current evidence regarding ATTR amyloidosis. Tenosynovial ATTR deposition is considered a potential early marker (risk factor) for subsequent cardiac involvement; however, it does not in itself warrant treatment. Only a minority of patients with tenosynovial ATTR go on to develop cardiac ATTR, and progression—when it occurs—may take many years to decades. Available data suggest that older patients have a higher pretest probability of concurrent cardiac ATTR (median age 77 years, IQR 75 -79 years; Ohno T, et al. J Hand Surg Eur Vol. 2026 May;51(5):550-556). ATTR amyloidosis in other anatomic sites, such as bone marrow, gastrointestinal tract, urinary bladder, prostate, and gallbladder, is a more reliable predictor of concurrent cardiac ATTR amyloidosis (Chiu, A., et al. Amyloid 2022; 29(3):156–164; Hagen, et al. Hum Path 2023; 139:27-36; Gilani, et al. Hum Path 2023; 142:62-67; Hagen, et al. AJCP 2025; 16(4):613-619).

By restricting testing for this specimen type to a higher-risk age group, we aim to prioritize tenosynovial cases with the greatest likelihood of clinically actionable cardiac involvement, while also ensuring capacity for other specimen types with more immediate clinical impact.

Regardless of amyloid type, the presence of tenosynovial amyloid raises the possibility of underlying cardiac amyloidosis (Westin O, et al. J Am Coll Cardiol. 2022 Sep 6;80(10):967-977). Clinicopathologic correlation is recommended, with consideration of cardiology consultation as clinically indicated.

Orders received at MCL that do not meet the testing criteria will be canceled and materials will be returned.

Questions
Contact Melissa Lonzo, Laboratory Resource Coordinator at 800-533-1710.