The cut-off value representing a desired specificity of 90% of EVR after 24 hours (EVR$_{24}$) was 50%. The associated sensitivity of EVR$_{24}$ for detecting AA, AL, and ATTR amyloidosis was 65%, 61%, and 22% respectively, using a cut-off point of 50%.

In AL amyloidosis the EVR$_{24}$ increased with the number of organs involved (from median 42% to 83%) and the EVR$_{24}$ correlated with serum Alkaline Phosphatase (R=0.63) (figure 1) and with creatinine clearance (R=-0.36) (figure 2).

In AL amyloidosis both cardiac involvement (hazard ratio 3.9, 95% CI 2.0-7.9) and EVR$_{24}$ (hazard ratio 2.0, 95% CI 1.1-3.8) were independent predictors of survival (figure 3).

In AL amyloidosis the EVR$_{24}$ is strongly associated with organ involvement as well as with prognosis.

Quantification of SAP retention using the EVR$_{24}$ has no additional value to $^{123}$I-SAP scintigraphy in the detection of systemic amyloidosis.

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