



**Keywords:** Cardiac rehabilitation; aerobic exercise; Endometrial cancer; Anemia

## Introduction

The most common cause of anemia is iron deficiency anemia (IDA). The most common cause of IDA is iron deficiency (ID). ID is a common condition that can lead to anemia. ID is often caused by a diet low in iron, blood loss, or a condition that affects the body's ability to absorb iron. ID can lead to anemia, which is a condition where the body does not have enough red blood cells to carry oxygen. ID can also lead to other health problems, such as fatigue, weakness, and difficulty concentrating. ID is often treated with iron supplements, but it is important to talk to a doctor before taking any supplements. ID can also be prevented by eating a diet rich in iron, such as red meat, poultry, fish, and iron-fortified cereals. ID is a common condition that can lead to anemia and other health problems. It is important to talk to a doctor if you think you may have ID.

continue emerging left heart failure imaging and biomarkers in the diagnosis of cardiac amyloidosis [10].

### Treatment Strategies

The treatment of cardiac amyloidosis has undergone significant advancement in recent years. With the identification of the underlying pathogenesis, targeted therapies are available, including monoclonal antibodies, oral agents, and emerging gene therapies. The overall evidence regarding treatment, however, remains limited.

### Challenges and Future Directions

Despite the progress in diagnosis and management of cardiac amyloidosis, several challenges remain. The limited availability of diagnostic tests, the need for improved risk stratification, and the need for multidisciplinary collaboration are key challenges. The overall evidence regarding treatment, however, remains limited.

Cardiac amyloidosis is a complex and potentially life-threatening condition. The identification of amyloid fibril proteins and the development of targeted therapies represent significant advances in the diagnosis and management of this disease. However, the limited availability of diagnostic tests, the need for improved risk stratification, and the need for multidisciplinary collaboration are key challenges. The overall evidence regarding treatment, however, remains limited.

Cardiac amyloidosis is a challenging and often underdiagnosed condition. The identification of amyloid fibril proteins and the development of targeted therapies represent significant advances in the diagnosis and management of this disease. However, the limited availability of diagnostic tests, the need for improved risk stratification, and the need for multidisciplinary collaboration are key challenges. The overall evidence regarding treatment, however, remains limited.

Challenge in the management of cardiac amyloidosis remains, including limited awareness among healthcare professionals, diagnostic difficulties, and the need for multidisciplinary care. Recognizing each of these affected individuals is a challenge, and in recognizing the clinical presentation, the need for a multidisciplinary approach is emphasized.

In addition, early diagnosis and appropriate management are crucial in improving outcomes in cardiac amyloidosis. Collaboration between each of the clinicians, and a multidisciplinary approach are essential in addressing the ongoing medical and diagnostic needs of these patients. Continued education and awareness in diagnosis and treatment are key to the effective management and quality of life for individuals with cardiac amyloidosis.

### Acknowledgement

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### Conflict of Interest

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1. Falk RH (2011) Cardiac Amyloidosis: A Treatable Disease, Often Overlooked. *Circulation* 124: 1079-1085.
2. Maurer MS, Hanna M, Grogan M, Dispenzieri A, Witteles R, et al. (2016) Genotype and Phenotype of Transthyretin Cardiac Amyloidosis: THAOS (Transthyretin Amyloid Outcome Survey). *J Am Coll Cardiol* 68: 161-172.
3. Merlini G, Palladini G (2019) Amyloidosis: Is a Cure Possible?. *Ann Rev Med* 70: 329-345.
4. Siddiqi OK, Ruberg FL (2017) Cardiac amyloidosis: An update on diagnosis and treatment. *Cleve Clin J Med* 84: 12-26.

5. Witteles RM, Bokhari S, Damy T, Elliott PM, Falk RH, et al. (2019) Screening for Transthyretin Amyloid Cardiomyopathy in Everyday Practice. *JACC Heart Fail* 7: 709-716.
6. Dispenzieri A, Gertz MA, Kyle RA, Lacy MQ, Burritt MF, et al. (2004) Serum Cardiac Troponins and N-Terminal Pro-Brain Natriuretic Peptide: A staging system for primary systemic amyloidosis. *J Clin Oncol* 22: 3751-3757.
7. Rapezzi C, Merlini G, Quarta CC, Riva L, Longhi S, et al. (2009) Systemic *Circulation* 120: 1203-1212.
8. Siddiqi OK, Ruberg FL (2018)