Supplemental Methods

We performed a pilot study to determine how many patients would be needed in each group for adequate characterisation of the cardiac phenotype. This was not a population study and therefore we did not include all eligible patients from our centre. The pilot study included all patients with AL-amyloidosis and ATTR-amyloidosis with grade 1 ^{99m}Tc-DPD cardiac uptake who also underwent a CMR with gadolinium contrast (AL=48, ATTR=44). This revealed that ECV was an excellent discriminator (0.55±0.08 vs 0.34±0.09, P<0.001). A minimum sample size of 6 patients was required to demonstrate a difference in ECV (confidence interval [CI]=95%, power=80%). Analysis of our pilot study cohort (n=92) demonstrated a 0.05 probability of a type 1 error resulted in a power of 100%. Therefore we aimed to include between 6-50 patients in each cohort. All cases were included if there were 50 or fewer cases, and a random sample was selected if there were more than 50 cases.

Supplemental Figure 1. Grade 2 and 3 cardiac uptake in AL-amyloidosis.

^{99m}Tc-DPD scintigraphy and corresponding cardiac magnetic resonance imaging for patients with AL-amyloidosis and grade 2 and 3 ^{99m}Tc-DPD cardiac uptake. ^{99m}Tc-DPD = ^{99m}Technetium labelled 3,3-diphosphono-1,2-propanodicarboxylic acid**,** AL = Immunoglobulin light chain amyloidosis**.**