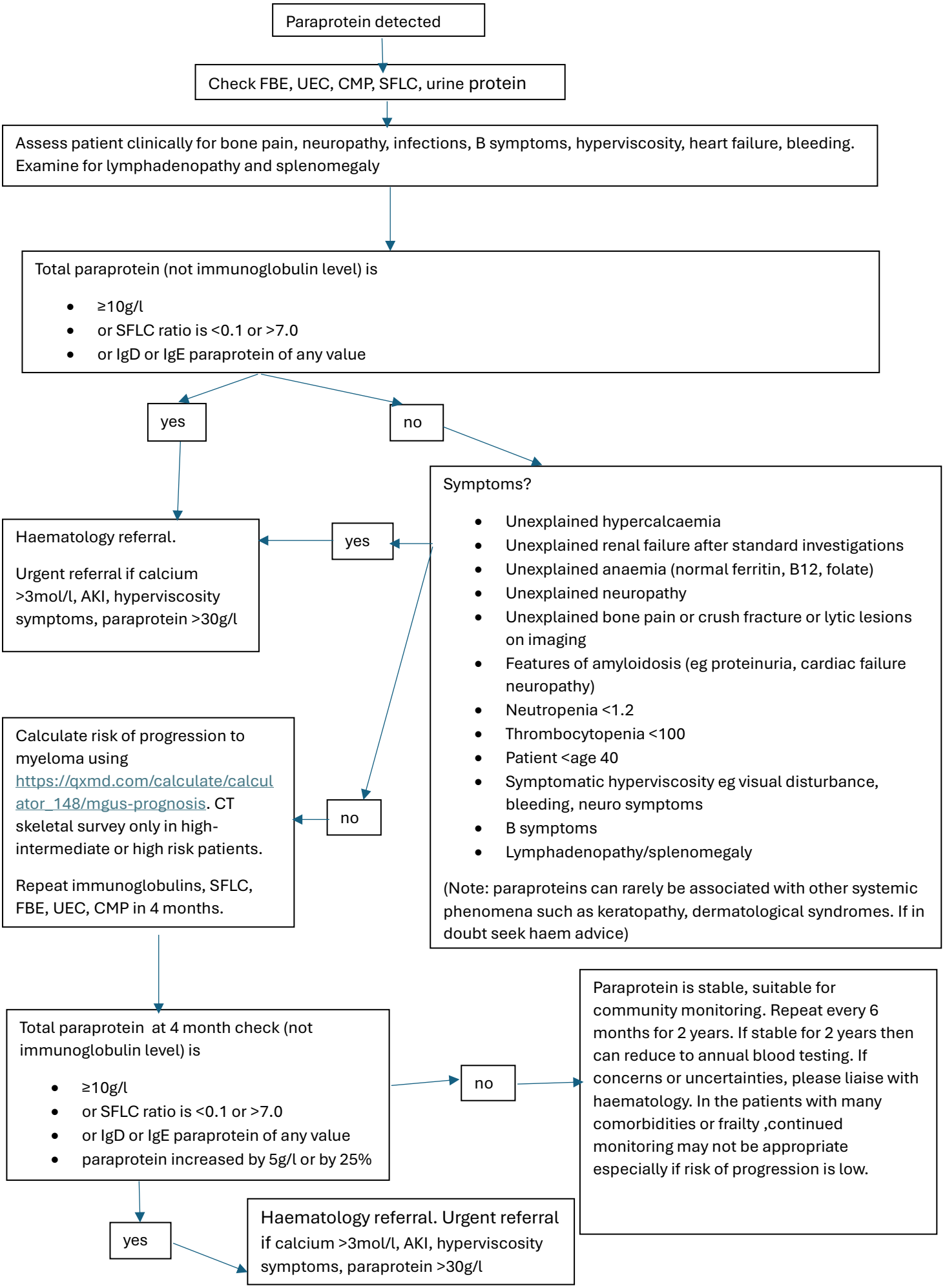
Paraprotein detected
Check FBE, UEC, CMP, SFLC, urine protein
Assess patient clinically for bone pain, neuropathy, infections, B symptoms, hyperviscosity, heart failure, bleeding. Examine for lymphadenopathy and splenomegaly
Total paraprotein (not immunoglobulin level) is
• ≥10g/l
• or SFLC ratio is <0.1 or >7.0
• or IgD or IgE paraprotein of any value
yes
no
Haematology referral.
Urgent referral if calcium >3mol/l, AKI, hyperviscosity symptoms, paraprotein >30g/l
yes
Symptoms?
• Unexplained hypercalcaemia
• Unexplained renal failure after standard investigations
• Unexplained anaemia (normal ferritin, B12, folate)
• Unexplained neuropathy
• Unexplained bone pain or crush fracture or lytic lesions on imaging
• Features of amyloidosis (eg proteinuria, cardiac failure neuropathy)
• Neutropenia <1.2
• Thrombocytopenia <100
• Patient <age 40
• Symptomatic hyperviscosity eg visual disturbance, bleeding, neuro symptoms
• B symptoms
• Lymphadenopathy/splenomegaly
(Note: paraproteins can rarely be associated with other systemic phenomena such as keratopathy, dermatological syndromes. If in doubt seek haem advice)
Calculate risk of progression to myeloma using https://qxmd.com/calculate/calculator_148/mgus-prognosis. CT skeletal survey only in high-intermediate or high risk patients.
Repeat immunoglobulins, SFLC, FBE, UEC, CMP in 4 months.
no
Total paraprotein at 4 month check (not immunoglobulin level) is
• ≥10g/l
• or SFLC ratio is <0.1 or >7.0
• or IgD or IgE paraprotein of any value
• paraprotein increased by 5g/l or by 25%
no
Paraprotein is stable, suitable for community monitoring. Repeat every 6 months for 2 years. If stable for 2 years then can reduce to annual blood testing. If concerns or uncertainties, please liaise with haematology. In the patients with many comorbidities or frailty ,continued monitoring may not be appropriate especially if risk of progression is low.
yes
Haematology referral. Urgent referral if calcium >3mol/l, AKI, hyperviscosity symptoms, paraprotein >30g/l