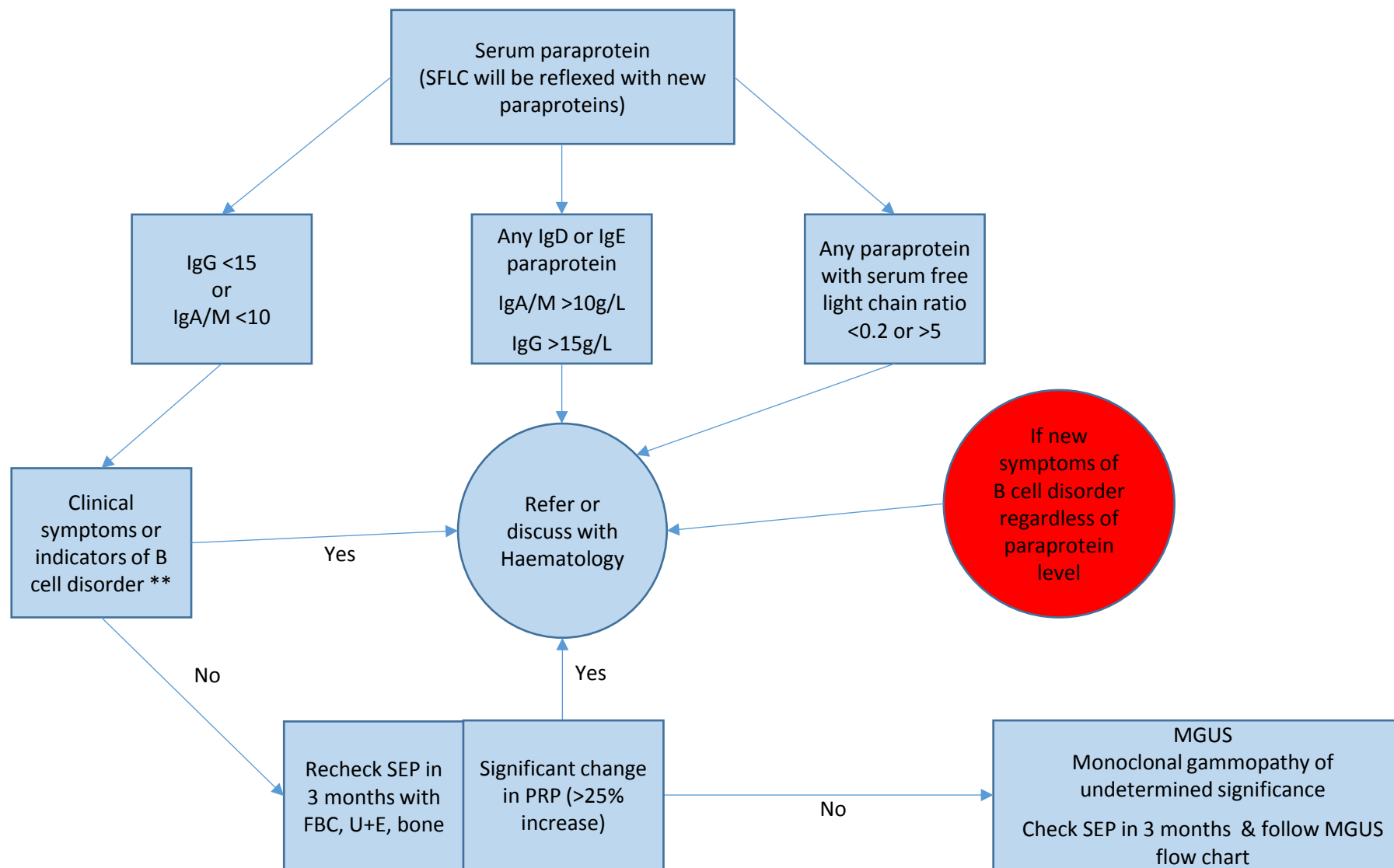


** In the presence of symptoms or signs suggestive of myeloma or other B cell malignancy consider direct referral to Haematology

Flow Chart for newly discovered Paraproteins



****Clinical signs and symptoms:**
 Unexplained anaemia and/or other
 cytopenias
 Hypercalcaemia
 Renal failure with unknown cause

 Pathological fracture or lytic lesion on
 radiograph.

 Bone pain
 Lymphadenopathy
 Hepatosplenomegaly
 Night sweats
 Nephrotic syndrome
 Recurrent infections
 Unexplained peripheral neuropathy
 (not attributed to drugs or diabetes)

Serum Free Light Chains (SFLC) is equivalent or better than detection of Bence Jones Protein in urine. All samples with a newly found PRP will have this test done automatically. There is no need to send urine for BJP.

SFLC ratio interpretation in the absence of a whole paraprotein

<0.01 or >100

Light chain ("Bence Jones") myeloma likely. Refer urgently to Haematology

<0.1 or >10

Significant LC abnormality. LC MGUS or early myeloma possible. Suggest discuss with or refer to Haematology

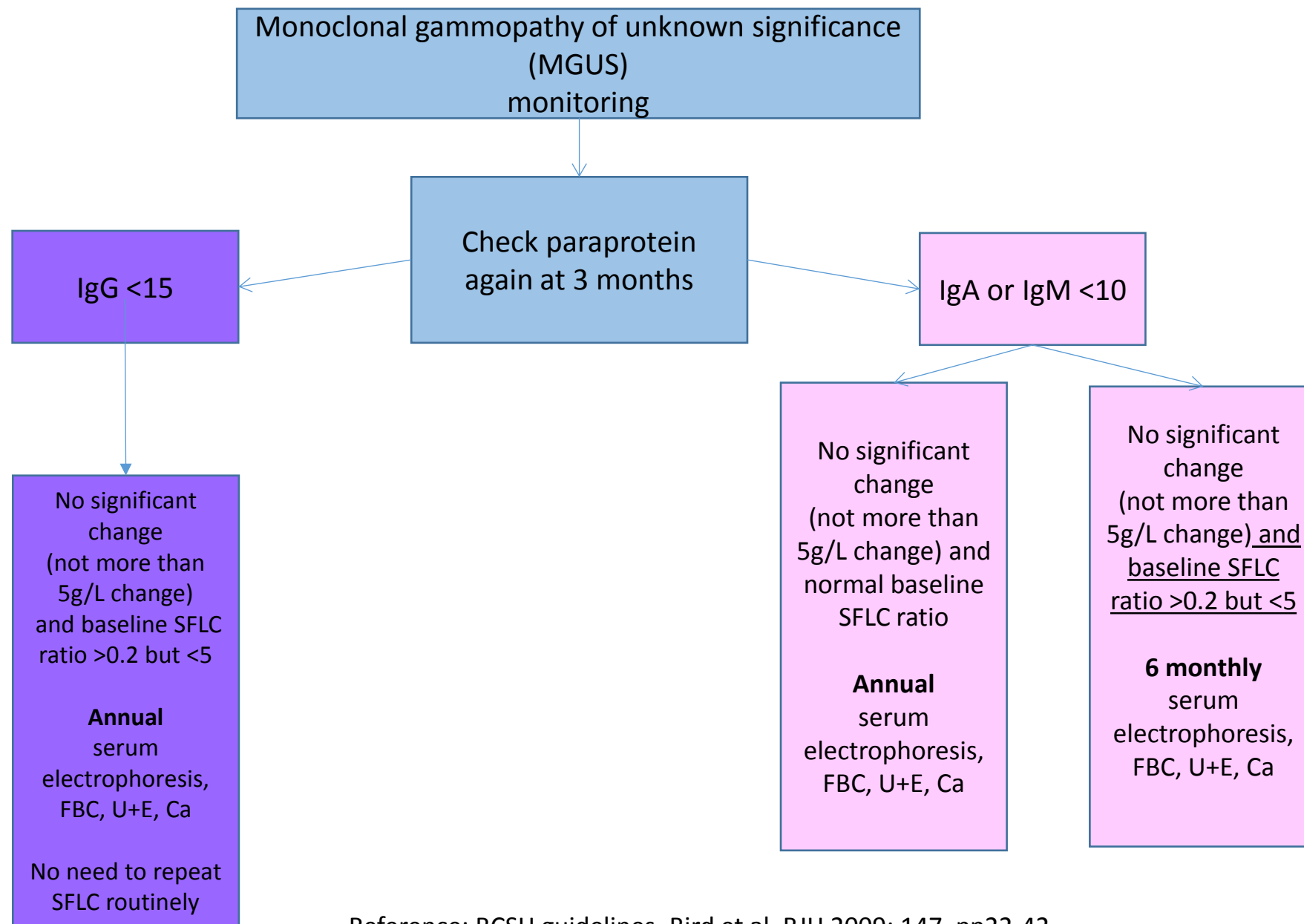
<0.2 or 5-10

Significant LC abnormality. LC MGUS, amyloidosis and other light chain related disorders possible. Suggest discuss with or refer to Haematology

>0.2 or <5

Minor abnormality of SFLC. In presence of normal immunoglobulin levels myeloma very unlikely. Like causes inflammation or abnormal renal function.

Flow chart for management of MGUS



NB: Patients undergoing monitoring for MGUS should be re-referred to specialist units under the following circumstances:

- If the concentration of the paraprotein increases by more than 25% (a minimum absolute increase of 5 g/l).
- If symptoms compatible with a diagnosis of myeloma or lymphoma develop.
- If unexplained anaemia, other cytopenias or abnormal renal function or hypercalcaemia develop.