PARAPROTEINS – GP REFERRAL GUIDELINES

Introduction

Disorders characterised by the production of a paraprotein include monoclonal gammopathy of undetermined significance (MGUS), multiple myeloma and Waldenström macroglobulinaemia. Paraproteins may also be a feature of CLL, NHL or amyloidosis. MGUS is a diagnosis of exclusion: 3% of over the age of 70 and 5% of over the age of 80 have a paraprotein which is frequently found incidentally and not associated with symptoms or physical findings. The overall risk of MGUS progression to myeloma is around 1% per year – this remains constant over time.

Referrals to Haematology should not be made for patients with raised immunoglobulin levels in the absence of a paraprotein band on serum electrophoresis. Polyclonal gammopathy implies a non-specific immune reaction and is not associated with underlying haematological disorders.

The following should be referred urgently for outpatient assessment:

- Any new paraprotein with accompanying features suggestive of multiple myeloma or other haematological malignancy:
- hypercalcaemia
- unexplained renal impairment
- urinary Bence Jones proteins
- bone pain or pathological fracture
- radiological lesions reported as suggestive of myeloma
- anaemia or other cytopenia
- hyperviscosity symptoms (headache, visual loss, acute thrombosis)

Patients with suspected spinal cord compression should be discussed with on call Haematologist to arrange appropriate direct assessment

Referral for specialist opinion should be considered for:

- Other newly-identified paraproteins not meeting the above criteria for urgent referral

Discharge policy for patients with MGUS¹

- Very low risk patients: IgG paraprotein, less than 15 g/L and normal Free Light Chains ratio.
- Patients with IgM paraproteins will generally remain under haematology follow-up
- Monitor FBC, U&E, Creatinine and Ca++ and Serum Electrophoresis annually
- Dipstick urine for protein annually
Reasons to re-refer:

- Monoclonal Band rising unexpectedly (>50% increase compared to baseline)
- Developing a significant cytopenia (for instance):
  - Hb dropping below 10 g/dl
  - Neutrophils below 1.5 x 10^9/l
  - Platelets < 80 10^9/l
  - Developing renal impairment
  - Severe proteinuria with 24 hrs proteins >1.5g/24 hours or ++ or +++ on Dip stick examination.
  - Unexplained hypercalcaemia
  - Pathological fracture
  - Unexplained bone pain
  - L nodes enlargement with >3 lymph nodes >3 cm diameter
  - Unexplained weight loss > 3 kg within <3 months of time.

General Advice:

- No specific dietary advice required.
- Administer all usual vaccines (Flu Pneumovax etc.)