

Guidelines for GP Referral and Investigations of Paraproteinaemia

Paraprotein present

Serum free light chains
Immunoglobulins



Paraprotein >30 g/L
Free Kappa or Free Lambda >100mg/L
Immuneparesis & other abnormal findings
Laboratory will identify and stratify patients on report

Need to look for myeloma emergencies
(i.e. features of spinal cord compression, hypercalcaemia or acute renal impairment)
Consider 2WW referral to Haematology or urgent A & E referral depending on severity of symptoms

No to All



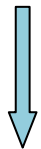
Yes to Any



Significant disease
Consider 2WW referral to Haematology

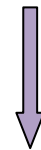
MGUS risk factors
IgG Paraprotein >15 g/L
OR
IgA or IgM Paraprotein >10 g/L
OR
Any IgD or IgE Paraprotein
OR
Very Abnormal FLC ratio (>7 or <0.1)

Yes to Any



HIGH RISK
Routine referral to Haematology

No to All



LOW RISK
Discuss with Haematology via 'Advice and Guidance'
To give patient low risk MGUS infosheet

<https://www.myeloma.org.uk/wp-content/uploads/2023/04/Myeloma-UK-MGUS-Infosheet.pdf>

Monitoring MGUS in Primary Care

1. FBC, U&Es, calcium, paraprotein or serum free light chains every 4-6 months. Refer urgently if cytopenias, renal impairment, hypercalcaemia or paraprotein increases by 25% (and is at least 5g)
2. Patients should be asked regarding new bone pains or recurrent infections, bleeding/bruising
3. Patients should be offered yearly flu vaccine and 5 yearly pneumococcal vaccines.