

# Monoclonal gammopathy of unknown significance (MGUS)

## Referral framework

All referrals will be assessed by the Visiting Consultant Haematologist.

Please contact Cancer Care Coordinator on 0427 064 367 for urgent reviews.

For advice after hours please contact Emergency Department Broken Hill

Send referral to...

Oncology Unit BHBH

Fax referral to 08 8080 1183

### Name of Clinical Condition

- Monoclonal gammopathy of unknown significance (MGUS)

### Indications for specialist referral

- Presence of red flags
- Significant rise in paraprotein (e.g. >25% over 6 months)

### Referral information required

- Symptoms, presence of red flags
- Presence of lymphadenopathy/hepatosplenomegaly
- Co-morbidities

### Investigations required

- FBE
- EUC, Calcium, LFT, LDH
- Serum paraprotein, serum free light chains
- IgG, IgA, IgM
- Viscosity (if IgM paraprotein)
- CT skeletal survey (if IgG/IgA paraprotein)
- CT neck/chest/abdo/pelvis (if IgM paraprotein)

### Initial management

- Repeat bloods tests after 1 month, if paraprotein stable or mild rise (< 25%), repeat bloods again in 3 months. If stable again, repeat every 6 months.
- Refer haematology if significant rise e.g. > 25% over 6 months, or any red flags.

### 'Red Flag' items

- Anaemia, not otherwise explained or thrombocytopenia or neutropeni
- Renal impairment, not otherwise explained
- Hypercalcaemia, not due to medication or endocrine dysfunction - please do PTH
- Lytic lesions on CT skeletal survey (more sensitive than X-ray skeletal survey)
- Lymphadenopathy or hepatosplenomegaly
- Hyperviscosity symptoms (IgM paraprotein)



### How to access care in the event of a 'red flag'

- Send to ED for urgent review and for advice contact Cancer Care Coordinator on 0427 064367

### Please fax referral to

- Oncology Unit BHBH 08 8080 1183

### Other Information

- Paraproteinemia is extremely common particularly in the elderly. It is benign for the vast majority of patients with a 1% annual risk of progression to myeloma/lymphoma. Stable patients do not need to be followed up by haematology
- Serum free light chains are elevated in renal impairment and inflammation. The kappa/lambda ratio would be <3.2 in these cases. These cases do not require a haematology review.