

Rotherham Paraprotein Risk Stratification*

IgM paraprotein: concern is lymphoma-like illness/MGUS
 Non-IgM paraprotein: concern is myeloma/MGUS

If IgG PP <15g with a normal SFLC at diagnosis: 2% risk of progression over 20yrs
 Consider discontinuing surveillance if life expectancy less than 5years
 If clinical concern about myeloma/lymphoma: discuss via eRS haematology A+G
 If paraprotein increases above 15g/L, will be automatically re-assigned 'risk-2' –suggest routine referral.
 GP will be sent patient information leaflet to discuss with patient

Paraprotein

Check:

- UE/LFT/Bone Profile/FBC

Exclude:

- severe bone pain
- lymphadenopathy
- B symptoms
- Cord compression*
- AKI*

Risk 1 (very low probability of myeloma/lymphoma)

Repeat Immunoglobulins in 6m, then FBC/UE/immunoglobulin/LFT/calcium annually

Patient triaged and reviewed by clinical haematology team
 MGUS clinic follow up
 Any patients with positive urinary bence-jones protein: suggest routine referral
 Patients not referred in after approx. 8w will be audited and offered a haematology appointment if appropriate.

Risk 2 (moderate)

Email to GP: discuss referral with patient, forward on email with clinical background to eRS

Concerning symptoms e.g. back/bone pain

Suggest 2ww referral

Further investigation and management by clinical haematology

Risk 3 (high)

Patient directly phoned by haematology CNS
 Booked directly into 2ww clinic slot

***Urgent**
 New severe AKI
 Suspicion of cord compression

Urgent discussion with on-call haematologist

*Rotherham Paraprotein Risk Stratification: based on type and height of paraprotein, Serum Free Light Chain assay (automatically added to a new paraprotein), Hb, Cr, immunoparesis. Estimates probability of clinically significant disease as an adjunct to clinical judgement. Please discuss via eRS 'Advice and Guidance' if there is clinical concern about an inappropriate risk-score.