The development of a diagnostic tool to help GPs manage patients with suspected myeloma

Myeloma UK is the only organisation in the UK dealing exclusively with the incurable blood cancer myeloma and related conditions. We are committed to working with healthcare professionals to improve the lives of myeloma patients at every stage of their journey, from diagnosis to end of life.

Background

Myeloma is a blood cancer that arises in the plasma cells of the bone marrow. Around 5,800 people are diagnosed with myeloma in the UK each year, and patients experience some of the longest delays to diagnosis of all cancer patients. A third of myeloma patients are diagnosed via emergency routes, with an associated worse survival compared to non-emergency pathways. Earlier diagnosis of myeloma has an impact on patient outcomes in terms of survival and quality of life.

Early diagnosis of myeloma relies on primary care clinicians’ ability and confidence to accurately suspect, investigate and refer patients with suspected myeloma. This can be challenging for GPs as myeloma is a less common cancer that often presents with non-specific symptoms and insidious onset. As such, GPs may not always feel confident in spotting myeloma and interpreting test results.

We have created a diagnostic tool to support GPs in making appropriate and prompt referrals when presented with a patient with suspected myeloma symptoms.

Aims and objectives

The Myeloma Diagnostic Tool helps GPs reduce avoidable delays in diagnosis by:

- Increasing their awareness of myeloma signs and symptoms
- Providing guidance in the interpretation of test results
- Helping them recognise when urgent referral is required

Development of the Myeloma Diagnostic Tool

The Tool was developed in collaboration with the Myeloma UK Early Diagnosis Steering Committee, whose members include practising GPs and primary care researchers. It provides information on symptoms, the tests to order, and guidance on how to respond to test results. A traffic light system indicates the level of urgency for any referrals. The Tool was disseminated to GPs along with a survey to evaluate its usefulness in the clinical setting.

Outcomes

Initial survey responses (n=78) indicate that the Tool improves GPs’ confidence in the management of suspected myeloma.

Responses from GPs before using the GP Myeloma Diagnostic Tool:

- 82% lacked confidence distinguishing patients who need urgent referral for myeloma from those who can be monitored in primary care
- 62% lacked confidence interpreting results of initial myeloma investigations
- 49% lacked confidence recognising the signs and symptoms of myeloma

How easy do you find the new GP Myeloma Diagnostic Tool to use?

- Very easy (26.0%)
- Easy (58.4%)
- Some difficulty (13.0%)
- Very difficult (2.6%)

Responses from GPs after using the GP Myeloma Diagnostic Tool:

- 94% were more confident recognising the red flag symptoms of myeloma
- 87% had improved understanding and confidence in interpreting the results of initial myeloma investigations
- 94% felt the Tool will aid and improve future urgent referrals for suspected myeloma

Discussion and future development

The results show that the GP Myeloma Diagnostic Tool is easy to use and increases GPs’ knowledge and confidence in ordering tests, interpreting results and knowing when urgent referral is needed. This is part of a wider initiative by Myeloma UK to address the barriers to myeloma diagnosis and improve patient outcomes. Strategies include educational resources to support all healthcare professionals involved in the diagnostic journey. Resources for GPs include a guide on myeloma and MGUS, CPD modules in myeloma, articles in journals, presentations to GP audiences, and a presence at national primary care conferences. We have also begun working on myeloma educational resources for laboratory staff, to improve consistency in the instructions provided to GPs on test results.

More information on all these resources is available at academy.myeloma.org.uk

References

- Smith et al. (2021) Early detection of myeloma. InnovAIT 14(7): 415–421