Myeloma is a difficult cancer to diagnose due to the vagueness of symptoms and rarity of the disease. This is a tool designed to assist GPs and other healthcare professionals in recognising myeloma.

**MYELOMA DIAGNOSIS PATHWAY**

**Myeloma red flags**
- Persistent pain (>4-6 weeks) especially back/bone pain or fractures
- Weakness and fatigue
- Recurrent or persistent infections
- Unexplained anaemia
- Nose bleeds, abnormal bruising

**SUSPECT MYELOMA?**

CMR denotes four features of myeloma
- Calcium raised
- Renal impairment/failure
- Anaemia
- Bone disease

**THINK MYELOMA!**
If you suspect myeloma, request the following:

1. **Full blood count and blood chemistry**
   - FBC: look for unexplained anaemia
   - ESR: usually elevated
   - U&Es: check for renal impairment

2. **Serum/urinary protein measurement**
   - Serum immunoglobulin and protein electrophoresis AND a Bence Jones protein urine test: look for raised serum immunoglobulin and the presence of paraprotein or Bence Jones protein
   - Serum Free Light Chain (SFLC) assay, if available: will show an abnormal SFLC assay ratio

**DIAGNOSE MYELOMA**
Myeloma Requires treatment

**FURTHER TESTS**
(haematology clinic)
Including imaging and biopsy

**Other related conditions**

- **Monoclonal gammopathy of undetermined significance (MGUS)**
  - No treatment – monitor
  - Progression to myeloma: 1% per year

- **Smouldering myeloma**
  - No treatment – monitor
  - Progression to myeloma: 10% per year

**CRAB denotes four features of myeloma**
- Calcium raised
- Renal impairment/failure
- Anaemia
- Bone disease

Early diagnosis via GP referral is associated with improved overall survival

myeloma.org.uk/mdp

Produced in collaboration with a panel of haematologists and primary care specialists.