MYELOMA DIAGNOSIS PATHWAY

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.

SUSPECT MYELOMA?

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**

CRAB 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

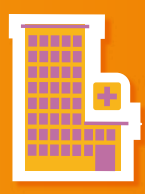
- **FBC:** look for unexplained anaemia
- **ESR:** usually elevated
- **U&Es:** check for renal impairment

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

Contact/refer to the haematology clinic if the investigations show abnormal results, or in cases of unresolving presenting symptoms.

Check the NICE suspected cancer referral guidelines (nice.org.uk/guidance/ng12)



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

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.