

# 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:

### 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



### 1. Full blood count and blood chemistry

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



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](http://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

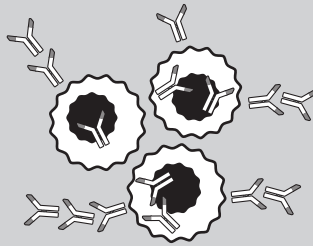
No treatment - monitor

### Progression to myeloma:

10% per year

# About myeloma

**MYELOMA**  
IS A CANCER  
ARISING FROM  
**PLASMA CELLS**  
IN THE **BONE MARROW**



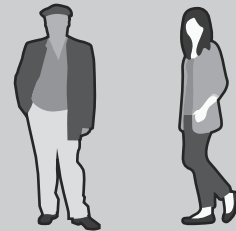
- Malignant B cell-derived plasma cells clonally proliferate to produce large quantities of monoclonal immunoglobulin (paraprotein) and/or raised SFLCs
- Detection of paraprotein and/or raised SFLC is how myeloma is suspected, diagnosed and monitored

## MYELOMA FACTS

- In the UK, around 5,500 people are diagnosed with myeloma each year
- Usually affects multiple bones in the body where bone marrow is active (spine, skull, pelvis, rib cage, shoulders and hips)
- It is treatable, but not currently curable, with chemotherapy, radiotherapy and targeted novel treatments. For younger/fitter myeloma patients, treatment includes high-dose therapy and stem cell transplant
- Treatment has improved over the past decade
- Myeloma is a relapsing-remitting cancer with variable periods of remission
- Often diagnosed late due to vague symptoms at presentation
- One in five myeloma patients saw their GP five or more times before referred to a specialist

## MYELOMA PREVALENCE

- 74% of those diagnosed with myeloma are over 65, but it affects younger patients too



- Around twice as prevalent in people of African descent



## EARLY DIAGNOSIS VIA GP REFERRAL IS ASSOCIATED WITH IMPROVED OVERALL SURVIVAL



**53%** one year survival for patients diagnosed via emergency route



**82%** one year survival for patients diagnosed via GP referral

## PATIENTS ARE LIVING LONGER



More educational resources for GPs, can be found on Myeloma Academy [www.myeloma-academy.org.uk](http://www.myeloma-academy.org.uk)

**Myeloma UK is the only organisation in the UK dealing exclusively with myeloma.**