

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](https://www.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](https://www.myeloma.org.uk/mdp)