

*Diagnostic and Therapeutic Services*  
**LABORATORY MEDICINE DIRECTORATE**

## Referral Guidelines for Paraproteins

Disorders characterised by the production of a paraprotein include monoclonal gammopathy of undetermined significance (MGUS), multiple myeloma and Waldenström's macroglobulinaemia. Paraproteins may also be a feature of CLL, NHL or amyloidosis. MGUS is a diagnosis of exclusion: 3% of the population over the age of 70 years and 5% of over the age of 80 have a paraprotein, which is frequently found incidentally and not associated with symptoms or physical findings. The overall risk of MGUS progression to myeloma is around 1% per year – this remains constant over time.

*Referrals to Haematology should **not** be made for patients with raised immunoglobulin levels in the absence of a paraprotein band on serum electrophoresis. Polyclonal gammopathy implies a non-specific immune reaction and is not associated with underlying haematological disorders.*

### The following should be referred urgently for outpatient assessment:

- Any new paraprotein with accompanying features suggestive of multiple myeloma or other haematological malignancy with End Organ Damage;
    - C**- hypercalcaemia
    - R**-unexplained renal impairment /  
urinary Bence Jones proteins
    - A**-anaemia or other cytopenia
    - B**-bone pain or pathological fracture  
radiological lesions reported as suggestive of myeloma
- hyperviscosity symptoms (headache, visual loss – check plasma viscosity with edta sample)

*Patients with suspected spinal cord compression should be discussed with on call Spinal Surgery Team to arrange appropriate direct assessment.*

### Referral for specialist opinion should be considered for:

Other newly-identified paraproteins not meeting the above criteria for urgent referral but where further investigation is deemed appropriate..  
Check FBC,plasma viscosity,Biochemical profile,calcium,urinary protein and Bence jones protein.