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UVM Health HEMATOLOGY MONOCLONAL PROTEIN (MGUS) Referrals/Consult

Background:

- Monoclonal proteins are common, especially in elderly individuals. These proteins may be a marker of a hematologic disease or just a risk factor for developing a hematologic disease.
- Not all abnormal SPEP findings are hematologic issues. In the absence of a monoclonal protein on immunofixation, hematology consult is not indicated.

Purpose of testing:

- To identify patients who may have multiple myeloma or another hematologic disease and expedite the referral process to Hematology.
- To allow risk stratification for progression and a monitoring plan put in place at a patient's first Hematology visit.

Laboratory studies (within the prior 3 months):

- Serum monoclonal protein diagnostic panel (Serum Protein Electrophoresis (SPEP); Serum free light chains and serum free light chain ratio; Quantitative immunoglobulins (IgG, IgM, IgA))
- Complete Blood Count with differential
- Comprehensive metabolic panel (chemistries, liver function tests, renal function)

Imaging studies (within the prior 3 months):

- Bone / skeletal survey (an x-ray). Any site which performs plain films can do a bone survey; individuals do not have to come to UVMMC for their imaging.

If the monoclonal protein is an IgM, please obtain these additional studies:

- HIV, Hepatitis B and C serology
- Lactate dehydrogenase (LDH)
- Peripheral Blood Flow Cytometry (Leukemia/Lymphoma Panel by Flow Cytometry)

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Please contact the on-call Hematology attending to expedite a referral if these studies reveal any of the following:

- Unexplained moderate to severe anemia, hypercalcemia, or renal failure
- Lytic lesions seen on the bone/skeletal survey, especially if large and numerous and those which may cause a pathologic fracture (i.e. neck of femur).
- Symptomatic or massive splenomegaly / adenopathy
- If you feel the patient has multiple myeloma or another hematologic disease such as lymphoma and needs urgent evaluation