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| Dr Ram Myeloma Clinic |

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| Patient Details | <NHS\_NUMBER>  <LOCAL\_HOSPITAL\_NUMBER>  <SURNAME>, <FIRSTNAME>  <ADDRESS\_LINE\_1>  <ADDRESS\_LINE\_2>  <ADDRESS\_LINE\_3>  <POSTCODE>  <DOB> |

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| Dear <GP>  <DIAGNOSIS\_LIST> [could be more than one]  MGUS  Thank you for referring this 76 yr old lady. You referred finding an incidentally raised IgG.  She is currently asymptomatic and denies any pain and tiredness. I have completed her investigations and normal FBC, renal function, calcium, liver function. Her skeletal survey was normal.  I have diagnosed this patient with MGUS [monoclonal gammopathy of undetermined significance]. I have explained to her the risk of progression to myeloma and need for monitoring. I would be grateful if you could monitor this patient as described in the task list below following the parameters for re-referral should this be necessary.  I have discharged this lady back to your care, but the monitoring outline below is essential and I would be happy to see her again should the clinical picture change.  Regards,  <Consultant> |

## Task List

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| Task No. | Task Description | Task Help | Frequency/Deadine | Done |
| 1 | Monitor for symptoms or signs of progression – Bone pain, pathological fractures, anaemia, tiredness. | <TASK\_HELP> | 3 monthly | <DONE> or <RESULT>  or  <ACTION> |
| 2 | IgA Blood Test |  | 3 monthly |  |
| 3 | IgG Blood Test |  | Yearly |  |
| 4 | FBC, U&E, LFT, Ca, |  | 3 monthly |  |

## Actions

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| 1 | IF *any abnormal* ***refer to Haematology*** | <ACTION\_HELP> | <DONE> or <RESULT>  or  <FURTHER\_ACTION> |
| 2.1 | IF *IgA <10g/l repeat and continue to monitor* |  |  |
| 2.2 | IF *IgA 10-15g/l* ***refer to haematology*** |  |  |
| 3.1 | IF *IgG <15g/l repeat and continue to monitor* |  |  |
| 3.2 | IF *IgG 15-30g/l* ***refer to haematology*** |  |  |
| 4.1 | IF *FBC X:Y 🡪* ***refer to haematology*** |  |  |
| 4.2 | IF LFT Y 🡪 ***refer to haematology*** |  |  |
| 4.3 | IF U&E Y 🡪 ***refer to haematology*** |  |  |
| 4.4 | IF Ca Y 🡪 ***refer to haematology*** |  |  |

## Contact Details

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| 1. | Consultant | Dr. Ram  Cancer & Haematology Centre  Churchill Hospital  Roosevelt Drive  Oxford OX3 7LE  Phone: 01865 111 111  Email. a.ram@ouh.nhs.uk |
| 2. | Clinical Nurse Specialist | Dr. Ewe  Cancer & Haematology Centre  Churchill Hospital  Roosevelt Drive  Oxford OX3 7LE  Phone: 01865 999 999  Email. a.ewe@ouh.nhs.uk |
| 3. | MGUS Support Group | MGUS R US  London Road  Headington  Oxford  OX3 7EB |

## Guidance

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| 1. |  | Monitoring of asymptomatic myeloma [1]:   * 3 monthly clinical assessment * measurement of serum and urinary paraprotein * bone marrow examinations and skeletal X-ray are required when new signs or symptoms develop   Risk of progression from monoclonal gammopathy of undetermined significance (MGUS) to active disease is approximately 1% [1]:   * monitoring includes:   + regular clinical assessment   + follow-up measurements of serum paraprotein * patients should be provided with information on risk factors and clinical features of disease progression * treatment should be deferred until there is evidence of disease progression * patients with radiological evidence of bone disease should commence treatment immediately (now grouped as symptomatic myeloma)   Reference:  [1] Smith A, Wisloff F, Samson D on behalf of the UK Myeloma Forum, Nordia Myeloma Study Group and British Committee for Standards in Haematology. Guidelines on the diagnosis and management of multiple myeloma 2005. Br J Haematol 2005: 132; 410-51. |