Paraprotein and Excess Light Chains Guidance for Monitoring and Referral to Secondary Care



Immunoglobulins and serum electrophoresis is performed

Serum electrophoresis result = 'Normal', 'Hypogamma' or 'Polyclonal Hypergamma'

Follow guidance supplied with report if present, do not repeat sample within 3 months unless requested or significant change in clinical picture. Do not refer patient to Clinical Haematology unless additional evidence of lymphoproliferative disease is present

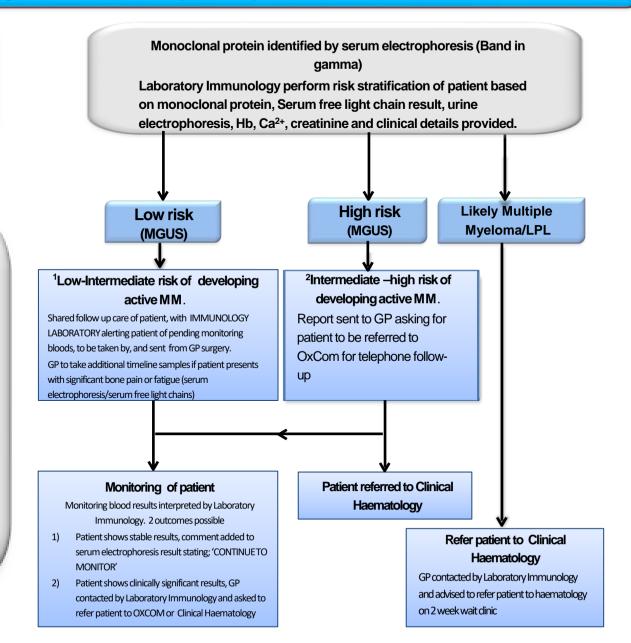
Additional interpretative information

Raised IgA levels: Linked with mucosal (Gut/Resp) or liver inflammation, consider checking LFTs. This is a polyclonal antibody response unless accompanied with a serum electrophoresis response that indicates a monoclonal IgA protein. This does not require a repeat test or further information, based on this result alone.

Raised IgM levels: Linked with acute infection/inflammation, liver inflammation or connective tissue disease. Clinically assess patient and pursue investigations as required. This is a polyclonal antibody response unless accompanied with a serum electrophoresis response that indicates a monoclonal IgA protein. This does not require a repeat test or further information, based on this result alone.

Low IgA levels: As an isolated finding is unlikely to be symptomatic. This does not require a repeat test or further information, based on this result alone.

Low IgM levels: Levels of IgM <0.2g/L can be seen in lymphoproliferative disease. Clinically evaluate patient. Do not repeat test or refer patient to Clinical Haematology, based on this result alone



¹5% risk of progression to MM at 20 years ²20% risk of progression to MM at 20 years

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Serum Free light chain result interpretation (CAN ONLY BE INTERPRETED ALONGSIDE SERUM ELECTROPHORESIS RESULT)

Serum free light chain + 'normal/polyclonal hypergamma' serum electrophoresis

Serum free light chain ratio result is assessed by Laboratory Immunology to determine if further investigations of the serum should be performed.

Follow guidance supplied on results with abnormal serum free light chain ratio results.

Additional interpretative information

Abnormal free Kappa OR Lambda: An abnormal free kappa or lambda in isolation is not of clinical significance and simply represents natural variation. If accompanied by an abnormal serum free light chain ratio, follow assessment advice given by Laboratory Immunology. Do not repeat test within 3 months unless instructed to do so or if patient's clinical picture changes. Do not refer patient to Clinical Haematology based on this result alone.

Abnormal free Kappa AND Lambda: Abnormal (normally raised) free kappa and lambda is usually indicative of an inflammatory process or renal impairment in the patient., especially if the serum free light chain ratio is normal. If accompanied by an abnormal serum free light chain ratio, follow assessment advice given by Laboratory Immunology. Do not repeat test within 3 months unless instructed to do so or if patient's clinical picture changes. Do not refer patient to Clinical Haematology based on this result alone.

Serum free light chain + monoclonal protein identified on serum Serum free light chain + hypogamma on serum electrophoresis electrophoresis Serum free light chain ratio result is Serum free light chain ratio result is assessed by Laboratory Immunology alongside other monoclonal risk stratification assessed by Laboratory Immunology to determine if further investigations of markers (urine electrophoresis, Hb, Ca²⁺, creatinine and clinical details the serum should be performed. provided) If no monoclonal protein identified and. Ratio within 0.3 – 3.0 Ratio outside of 0.3 - 3.0 Ratio outside of 0.1 – 7.0 Abnormal Ratio Ratio outside of 0.3 - 3.0within 0.3 - 3.0¹Low-Intermediate risk of ²Intermediate -high risk Likely MM or LPL developing active MM. of developing active GP is contacted by Laboratory Shared follow up care of patient, with High risk of non-Result of low MM Immunology and instructed to refer secondary care alerting patient of secretory myeloma clinical significance patient to Clinical Haematology for '2 Report sent to GP asking for pending monitoring bloods, to be GP is contacted by Follow guidance week wait' clinic patient to be referred to OxCom taken by, and sent from GP surgery. supplied on results Laboratory GP to take additional timeline for telephone follow-up with abnormal serum Immunologyand instructed to refer samples if patient presents with free light chain ratio patient to Clinical significant bone pain or fatigue results. Haematologyfor'2 (serum electrophoresis/serum free week wait' dinic light chains) Patient referred to Clinical Haematology Monitoring of patient Refer patient to Clinical Monitoring blood results interpreted by Laboratory Haematology Immunology. 2 outcomes possible Patient shows stable results, comment added to GP contacted by Laboratory Immunology serum electrophoresis result stating; 'CONTINUETO and advised to refer patient to haematology MONITOR' on 2 week wait dinic Patient shows clinically significant results, GP contacted by Laboratory Immunology and asked to

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refer patient to Clinical Haematology