

Multiple Myeloma

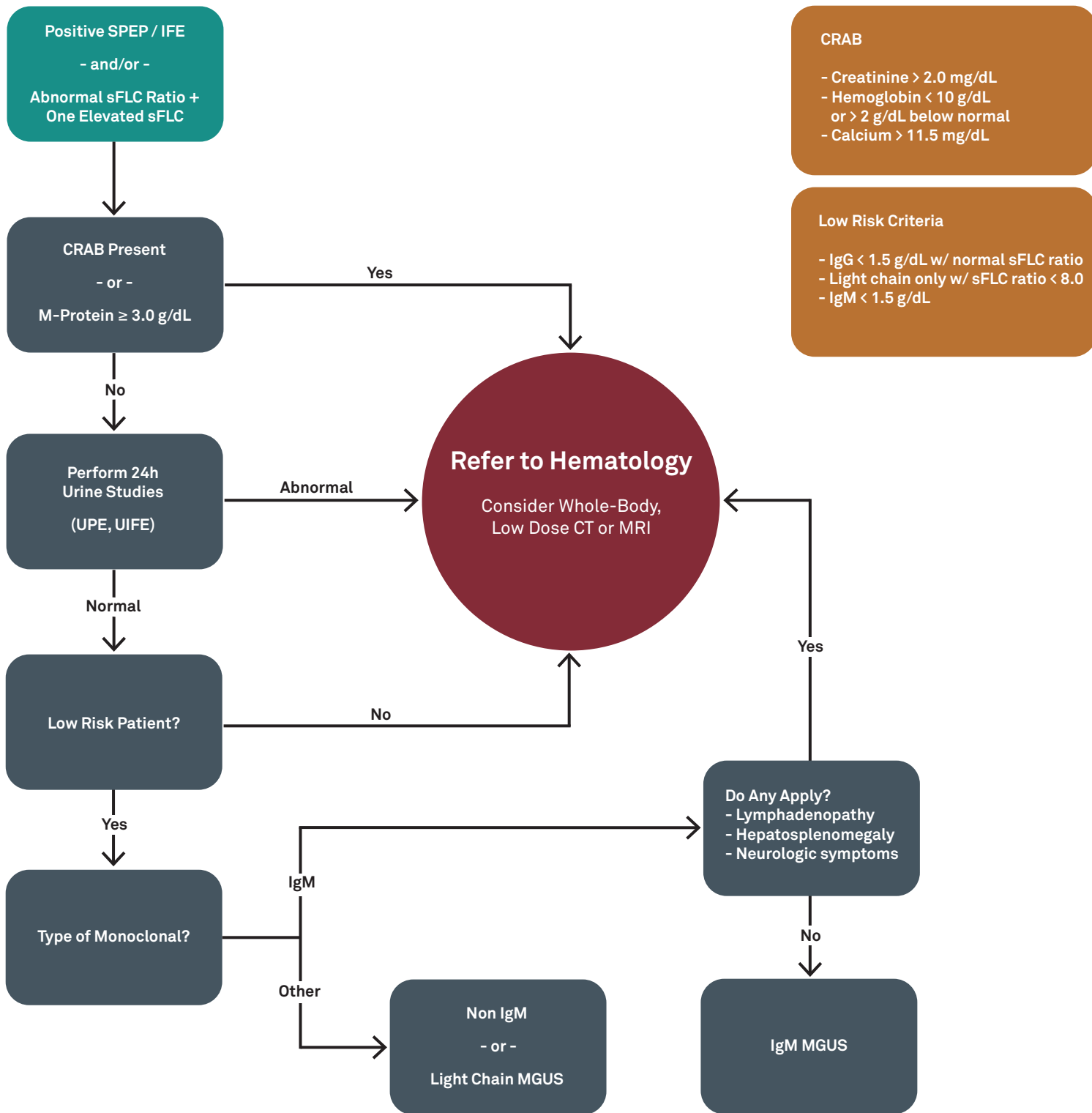
Reference Guide

SPEP/IFE	Light Chains	sFLC Ratio	Primary Care Considerations
Normal	Normal	Normal	<ul style="list-style-type: none"> Clonal plasma cell disorder unlikely; consider other potential causes for symptoms.^{1,2*}
Normal	Normal/ Slightly Abn	Both Abnormal	<ul style="list-style-type: none"> If both light chains are high, consider possible infection, autoimmunity, or renal impairment.³ If both light chains are low, consider general immune suppression.³ Borderline abnormal kappa/lambda ratios can occur in patients with renal impairment; consider appropriate renal function testing.⁴
Monoclonal Present	Single Elevated sFLC	Abnormal	<ul style="list-style-type: none"> If accompanied by any CRAB criteria, consider immediate referral to Hematology.² In patients without evidence of CRAB: <ul style="list-style-type: none"> Perform 24h urine studies. Evaluate risk for progression per current guidelines.⁵ Refer to Hematology where appropriate. Repeat testing in 6 months if not referred.⁵ Concurrent decrease in the uninvolved light chain may indicate immune suppression.
Monoclonal Present	Normal	Normal	
Normal	Single Elevated sFLC	Abnormal	



The decision to act upon serum protein electrophoresis (SPEP), immunofixation (IFE) or serum free light chain results (sFLC) is case dependent. Lab results should always be evaluated in the context of clinical symptoms of an individual patient. Referral or consultation with a hematologist may be valuable in the case of abnormal results.

Monoclonal Gammopathy Diagnostic Profile Algorithm for Primary Care†



†Modified from: Laubach JP. Diagnosis of monoclonal gammopathy of undetermined significance. In: UpToDate, Rajkumar SV (Ed), UpToDate, Waltham, MA. (Accessed November 1, 2023)

REFERENCES:

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2. Rajkumar SV, et al. International Myeloma Working Group updated criteria for the diagnosis of multiple myeloma. *Lancet Oncol.* 2014; 15:e538-e548
3. Dispenzieri A, et al. International Myeloma Working Group guidelines for serum-free light chain analysis in multiple myeloma and related disorders. *Leukemia* 2009; 23:215-224
4. Long TE, et al. Defining new reference intervals for serum free light chains in individuals with chronic kidney disease: Results of the iStopMM study. *Blood Cancer J* 2022; 12:133
5. Kyle RA, et al. Monoclonal gammopathy of undetermined significance (MGUS) and smoldering (asymptomatic) multiple myeloma: IMWG consensus perspectives risk factors for progression and guidelines for monitoring and management. *Leukemia.* 2010; 24:1121-1127

* A small percentage of myeloma patients are non-secretory; M-proteins may not be detected in such individuals.²

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