Primary Care 10 top tips

Myeloma

This edition: October 2026
Next planned review: October 2029

We make every effort to ensure the information in these pages is accurate and correct at the date of publication, but it is of necessity of a brief and general nature, and this should not replace your own good clinical judgement, or be regarded as a substitute for taking professional advice in appropriate circumstances. In particular check any drug doses, side effects and interactions. Save insofar as any such liability cannot be excluded at law, we do not accept any liability in relation to the use of or reliance on any information contained in these pages, or third-party information or websites referred to in them.

Macmillan Cancer Support, registered charity in England and Wales (261017), Scotland (SC039907) and the Isle of Man (604). Also operating in Northern Ireland. MAC18980_Myeloma_tips

1. There are around 6,200 cases of myeloma diagnosed every year in the UK. Around 1 in 3 people with myeloma are diagnosed through an emergency route, with over a third of people with myeloma speaking to a healthcare professional at their GP practice at least 3 times before getting a diagnosis. Delayed diagnosis is associated with complications and poorer quality of life as outlined in Myeloma UK's 'A Life Worth Living Report.

2. Myeloma is two to three times more common in Black people compared with White and Asian people.

3. Although myeloma is typically seen in older people, 26% of patients are under 65 years.

4. 'Red flags' include unexplained persistent pain, particularly back or ribs (>4–6 weeks), pathological fractures, weakness and fatigue, recurrent or persistent infections, unexplained anaemia and/or breathlessness, weight loss, nosebleeds and bruising.

5. CRAB denotes 4 features of myeloma included in the definition criteria developed by the International Myeloma Working Group: **C**alcium raised, **R**enal impairment/failure, **A**naemia, **B**one disease.

6. Monoclonal gammopathy of undetermined significance (MGUS) is the pre-malignant stage of myeloma. It is characterised by the presence of serum paraprotein <30g/L, plasma cells <10% bone marrow but absence of CRAB features. 1% will progress to myeloma each year and others may have associated pathologies, e.g. osteoporosis, increased infection risk and renal disease (check for proteinuria) so monitoring is recommended.

7. **GP Myeloma Diagnostic Tool**: FBC and blood chemistry to check for anaemia, elevated ESR, renal impairment and serum calcium. If abnormal then request protein electrophoresis and serum free light chain (SFLC) assay (or urinary Bence Jones protein test, if SFLC is not available). Haemoglobin may start to fall and ESR rise two years prior to diagnosis. Further information can be found in **Myeloma and MGUS: A Guide for GPs**

8. If IgG paraprotein is >15g/L, the IgA or IgM >10g/L and/or the SFLC ratio is outside of the range (0.1 – 7) then refer urgently to a haematologist. Lesser abnormalities are usually due to MGUS.

9. Myeloma patients can experience long delays to diagnosis due to the non-specific nature of symptoms, which can lead to inappropriate referrals to non-haematology departments. Consider performing blood tests on patients with unexplained anaemia, prior to hospital referral.

10. Myeloma kidney disease is a common complication that can result in renal failure. AKI is a leading cause of emergency admission for myeloma patients. Venous thromboembolic events (VTEs) are more common and any VTE symptoms in myeloma patients should be acted upon quickly.

The Myeloma UK Infoline is open 9am-5pm, 5 days a week for anyone wanting information and support about myeloma. Call us for free on: **0800 980 3332** (UK) or visit **myeloma.org.uk** for further details on how to speak to a Myeloma Information Specialist.

In partnership with

MyelomaUK

MACMILLAN CANCER SUPPORT