



Division of Hematology

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REFERRAL TO HEMATOLOGY – FOR HIGH-RISK MGUS OR MULTIPLE MYELOMA

(For Low-Risk MGUS, please refer to primary care management pathway -
<https://kingstonhsc.ca/refer/hematology>)

Patient Information:

Name: _____

DOB: _____

HCN#: _____

Address and Phone: _____

Referrer Information:

Name: _____

Address: _____

Fax: _____

Phone: _____

Reason for referral (circle one):

Suspected High-risk MGUS

Multiple Myeloma

Other

Case Presentation:

Please attach a medical history and medication list.

Attach results for the following pertinent investigations:

- Complete Blood Count
- Creatinine
- Calcium
- Albumin
- Serum protein electrophoresis (SPEP) with immunofixation
- Urine protein electrophoresis (UPEP) with immunofixation
- Serum free light chain (optional, costs ~\$60)
- Imaging reports (if done)

Please fax to: Hematology Central Fax (613-533-6855)

When should I refer a patient with a monoclonal protein to a Hematologist?

1. If **RED FLAG** symptoms are present:

- ⇒ Hemoglobin <100g/L
- ⇒ Unexplained hypercalcemia, corrected serum Ca >2.75mmol/L
- ⇒ Deterioration in kidney function
 - eGFR <45 ml/min/1.73m² and decline of > 5 ml/min/1.73m² within 6 months in absence of self-limited illness
 - eGFR must be repeated in 2-4 weeks to confirm persistent decline
 - Proteinuria: Urine ACR >60mg/mmol
- ⇒ Presence of lytic bone lesions incidentally noted on x-rays
- ⇒ Unexplained bone pain
- ⇒ Lymphadenopathy or hepatosplenomegaly
- ⇒ Urine monoclonal protein >500mg/24 hours
- ⇒ sFLC ratio >8 or <0.125

2. If M-protein is >15g/L, recommend referral for further risk stratification

**Serum free light chain testing is optional; patient will need to pay if done at private laboratories.*