Stockport NHS foundation trust

Hand Held Patient Record for MGUS

Contains- Patient information booklet, details of haematology clinic assessment and ongoing clinical assessment at GP surgery

MGUS

MGUS (monoclonal gammopathy of unknown significance) is a non-cancerous (benign) condition in which large amounts of a type of antibody are produced in the body. This antibody is called a paraprotein (or M-protein).

MGUS doesn’t usually cause any symptoms. It is usually diagnosed with blood and urine tests. But you may have other tests to rule out more serious conditions. These may include x-rays, scans and occasionally, a bone marrow test.

Most people with MGUS remain well and treatment is not necessary. But a small number of people may go on to develop cancers, such as myeloma (cancer of the plasma cells) and lymphoma (cancer of the lymphatic system). This means that everyone with the MGUS must have regular check-ups.

What is MGUS?

MGUS is a non-cancerous (benign) condition. Most people with MGUS remain well. MGUS is a condition where the body makes an abnormal protein, called a paraprotein. These paraproteins are found in the blood and urine when they’re tested.

MGUS is linked to the immune system. The immune system helps the body fight infection and disease. It is made up of organs such as the bone marrow, the spleen, lymph nodes and white blood cells.

MGUS affects plasma cells. Plasma cells are a type of white blood cell that make antibodies to help fight infections. Antibodies are made from a protein called immunoglobulin.

With MGUS, some plasma cells make an abnormally high number of a type of antibody called a paraprotein (or M-protein). This paraprotein doesn't do anything useful, and for most people it isn't harmful.

Although MGUS is not a cancer, people who have it are at slightly higher risk of certain cancers. The two main cancer types people with MGUS are more at risk of developing are myeloma (cancer of the plasma cells) and lymphoma (cancer of the lymphatic system).

These cancers also produce large amounts of paraproteins. Although the levels of paraprotein are raised in MGUS, they're not as high as the levels in people with cancer.

Most people with MGUS remain well and it causes few problems. Because a small number of people may go on to develop cancer, everyone with MGUS has regular checks.

Signs and symptoms of MGUS

MGUS is usually found during a blood test carried out for some other reason. It doesn't usually cause any symptoms.

Occasionally, people with MGUS have numbness or tingling in their hands and feet, or problems with their balance. This may be due to damage to nerves (peripheral neuropathy) caused by the paraprotein in the blood.

If these symptoms are troublesome, or get worse, you may be referred to a neurologist (a doctor who specialises in conditions of the nervous system).

Follow Up

MGUS doesn't need treatment as it doesn't usually cause any symptoms. In most people, MGUS remains stable and may never cause any problems. However, because of the small risk of MGUS developing into a cancer, such as myeloma or lymphoma, regular check-ups are important. Always contact your doctor between check-ups if you develop any of the following symptoms:

- **new constant bone pain in one area (such as in the back, ribs, hip or pelvis)**
- **unexplained weight loss**
- **increasing breathlessness**
- **extreme tiredness (fatigue)**
- **having different infections one after the other, caused by not having enough healthy white blood cells.**

You will usually have a blood test to check your paraprotein levels every 3-4 months for the first year. This can be done by your own GP or your haematologist.

Your doctors will monitor the pattern of the paraprotein levels - whether they stay roughly the same at each check, or are gradually rising. If the paraprotein level remains steady and there are no other problems, the time between your appointments will become longer.

If the paraprotein levels are rising, or if you have symptoms, tests may need to be repeated or new tests may be carried out.

You will also get other blood tests at doctor’s visits- a full blood count, renal (kidney) function tests and calcium levels.

ONGOING MONITORING

- ☐ 3 monthly FBC, U&E, Calcium, and quantitation of paraprotein for first year after diagnosis, then, if stable, 6/12ly for the next year, then annually.
- ☐ Re- referral if Hb<100 g/l, platelets <100, bone pain, hypercalcaemia, renal impairement or rise in paraprotein >25% (absolute rise must be at least 5 g/l)
- ☐ Can be re- referred as a proforma

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Hb						
WCC						
Neutro						
Platelets						
Creat						
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