

**Recommended Primary Care Follow-up  
Monoclonal Gammopathy of Uncertain Significance (MGUS)**

Frequency of monitoring

Assess (as below) **every 3 to 4 months** in the first year following diagnosis. If after 12 months there has been no significant change in these clinical or laboratory parameters, then subsequent monitoring can be at **6 months** and thereafter **12 monthly** intervals.

Parameters to monitor (each review)

**Clinical assessment:**

New bone pain  
Unexplained weight loss  
Symptoms of anaemia  
Lymphadenopathy/splenomegaly

**Laboratory tests:**

FBC, LFT, U&E, Calcium,  
immunoglobulins & serum  
electrophoresis.

When to refer back to secondary care:

- If the paraprotein increases by more than 25% (and by a minimum absolute increase of 5g/L).
- Unexplained anaemia or other cytopenias.
- Deranged unexplained renal function
- Lymphadenopathy/splenomegaly
- Bone pain
- Hypercalcaemia (referred as a **medical emergency**)

For further information please refer to the UK Myeloma Forum (UKMF) and Nordic Myeloma Study Group (NMSG): Guidelines for the investigation of newly detected M-proteins and the management of Monoclonal Gammopathy of Undetermined Significance (MGUS). Please do not hesitate to contact or refer your patient back to the haematology department at any time if there are clinical concerns.