

2nd round audit of skeletal surveys in patients with Monoclonal Gammopathy of Undetermined Significance (MGUS)

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BACKGROUND

At the UHL, it was felt that there was an unnecessary number of skeletal surveys for MGUS with a large proportion showing no lytic lesions. Results of 1st round audit from 16/10/2006 to 16/12/2011 confirmed 14% of 88 MGUS patients had a skeletal survey when not indicated. This is because they had a paraprotein (pp) <10g/l and no other risk factors. In addition there was an incomplete set of tests for Bence Jones protein and serum Kappa/Lambda ratio.

AIM

To ensure British Journal of Haematology guidelines are being followed by the haematologists at University Hospitals of Leicester. Agreed action plan following results from 1st round audit:-
No patient with pp<10g/l and no risk factors to have a skeletal survey.
All patients with MGUS to have testing for Bence Jones protein and serum Lambda/Kappa ratio.

MATERIALS AND METHODS

We retrospectively reviewed consecutive patients from the myeloma MDT database, newly diagnosed with MGUS, between May 2013 (MGUS patients presenting after implementation of audit intervention) to May 2014. From ilab we obtained paraprotein type/level, serum kappa/lambda ratio, renal function, full blood count, B2 microglobulin, serum calcium, albumin, urine Bence-Jones Protein. If any of these were abnormal they were considered risk factors for progression to myeloma.

RESULTS

Risk Factors	Number of patients	Audit standard	Source of guidance/standard	Target % / Expected Range	2 nd round Result (%)	1 st audit result (%)
0	1	MGUS patients with pp < 10g/l and no other risk factors should not have a skeletal survey.	BJH guidelines	100%	96%	86%
1	10					
2	9					
3	3					
4	1					
		Baseline Bence Jones protein	Local guidelines	100%	100%	90%
		Baseline serum kappa/lambda ratio	Local guidelines	100%	100%	38%

CONCLUSIONS

Action plan post 1st round audit has been successfully implemented. 100% requests for Urine Bence Jones protein and serum kappa/lambda ratio (previously 79 out of 88 (90%) and 33 out of 88 (38%) respectively requested). Only 1 out of 24 patients had an inappropriate referral for skeletal surveys with MGUS.

REFERENCE

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); Jenny Bird, Judith Behrens, Jan Westin et al; British Journal of Haematology; 147, 22-42, 2009.