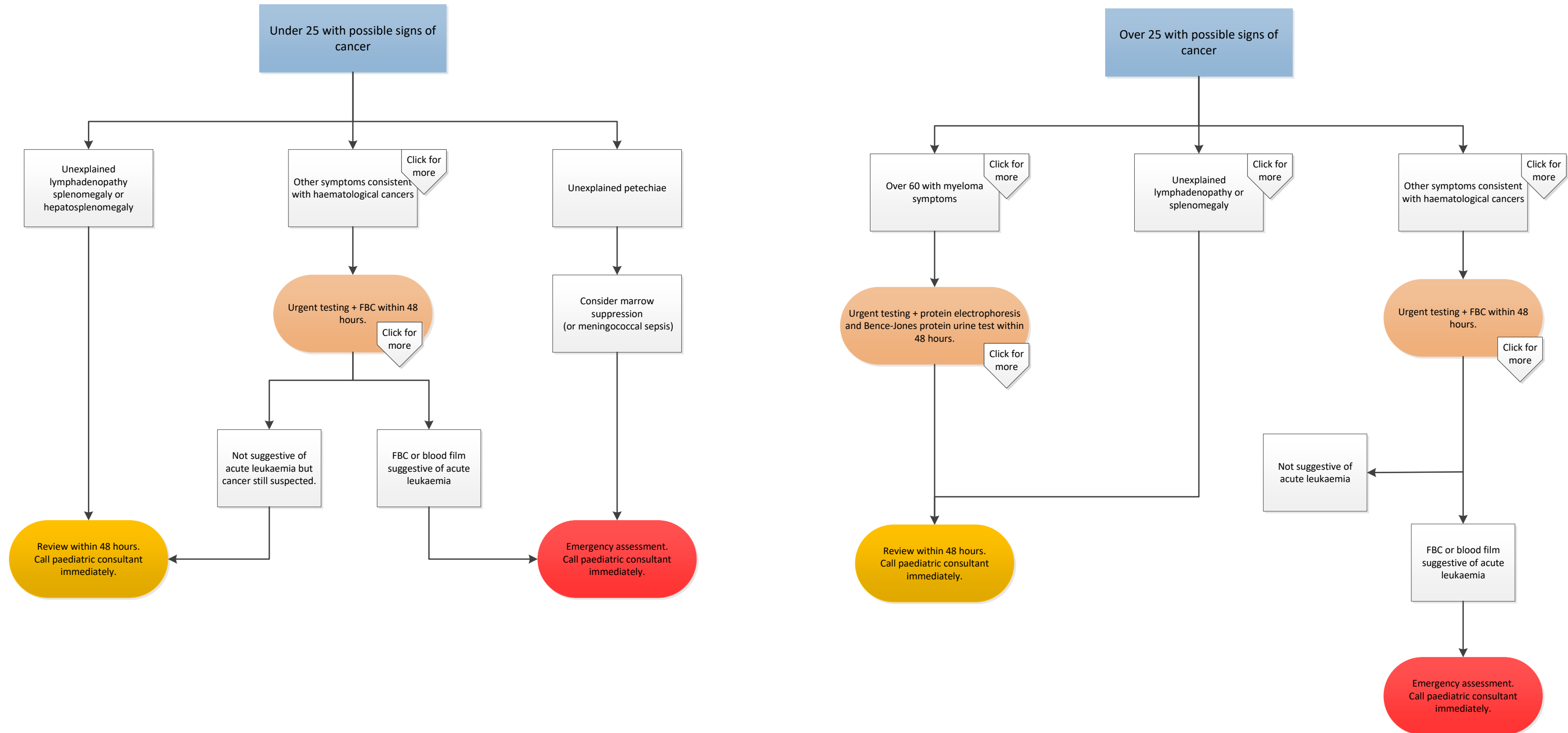


Haematological Cancer – Suspected (Adults & Children)

Link to NICE guidelines: <https://www.nice.org.uk/guidance/ng47>

NICE advise that 16-24 year olds may be referred down either the adult or children pathway depending on symptoms



If ≥60 years of age with hypercalcaemia/ anaemia/ leukopenia/ raised ESR

Multiple myeloma can present with a wide variety of symptoms including hypercalcaemia, anaemia and renal impairment.

Presenting features include:

- Signs and symptoms of hypercalcaemia (e.g., thirst, constipation, nausea, confusion)
- Lethargy (due to anaemia)
- Anorexia.
- Dehydration (due to proximal tubule dysfunction from light-chain precipitation)
- Recurrent bacterial infection
- Bleeding and/or bruising
- Features suggesting amyloidosis (e.g., cardiac failure, nephrotic syndrome)
- Dizziness, confusion, blurred vision, headaches, epistaxis, cerebrovascular event - due to hyperviscosity
- Bone pain, particularly backache
- Pathological fractures
- Spinal cord/nerve root compression

Blood testing may be carried out for other reasons and show:

- Impaired renal function
- Anaemia: normochromic, normocytic
- Leukopenia
- Thrombocytopenia
- Hypercalcaemia
- Persistently raised plasma viscosity or erythrocyte sedimentation rate (ESR)

If there are signs of acute kidney injury or hypercalcaemia, the patient should be admitted to hospital immediately. If a paraprotein is found on routine testing, the patient should be referred to an haematologist or oncologist. Multidisciplinary care should follow.

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Back to
pathway

Unexplained Lymphadenopathy Or Splenomegaly

NICE Recommends That Patients With Unexplained Lymphadenopathy Or Splenomegaly Are Considered For Urgent Referral For Suspected Cancer.

When Considering Referral, Take Into Account Any Associated Symptoms, Particularly:

- Fever
- Night Sweats
- Shortness Of Breath
- Pruritus Or
- Weight Loss
- Alcohol-Induced Lymph Node Pain

Other Symptoms Consistent With Haematological Cancer/leukaemia

NICE Recommendations:

Adults

Consider A Very Urgent FBC (within 48 Hours) To Assess For Leukaemia In Adults With Any Of The Following:

- Pallor
- Persistent Fatigue
- Unexplained Fever
- Unexplained Persistent Or Recurrent Infection
- Generalised Lymphadenopathy
- Unexplained Bruising
- Unexplained Bleeding
- Unexplained Petechiae
- Hepatosplenomegaly

NB: If < 25 With Unexplained Petechiae Or Hepatosplenomegaly, Call Consultant IMMEDIATELY For Consideration Of Assessment Within 48 Hours.

Children And Young People

Offer A Very Urgent FBC (within 48 Hours) To Assess For Leukaemia In Children And Young People With Any Of The Following:

- Pallor
- Persistent Fatigue
- Unexplained Fever
- Unexplained Persistent Infection
- Generalised Lymphadenopathy
- Persistent Or Unexplained Bone Pain
- Unexplained Bruising
- Unexplained Bleeding.



Offer protein electrophoresis and a Bence-Jones protein urine test (WITHIN 48 HOURS)

To assess for myeloma in people aged ≥ 60 with hypercalcaemia or leukopenia and a presentation that is consistent with possible myeloma.

Consider very urgent protein electrophoresis and a Bence-Jones protein urine test (within 48 hours) to assess for myeloma if the plasma viscosity or erythrocyte sedimentation rate and presentation are consistent with possible myeloma.

- Full blood count in all cases (with blood film)
- Myeloma suspected
- Bone profile
- Plasma viscosity
- Erythrocyte sedimentation rate
- U&E (to assess renal impairment)